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EDITORIAL COMMENT

SKILLED NURSING CARE FOR ALL

Our readers will have noticed how short a time passed between the burning of the central building of Wellesley College and the offer from the Rockefeller Foundation of $750,000 towards the fund for rebuilding and endowment. Every one will concede that education without health is of very little value to the individual, and the suggestion has been made that if there is so much money available for great educational and charitable projects, both at home and abroad, the time is ripe for nursing organizations to appeal to the great educational foundations, to philanthropists and to charitable agencies for the establishment of a fund to provide skilled nursing care for the great mass of people of moderate means, the industrious, intelligent, well-educated majority of our citizens. Of all the needs of society at the present time, this seems to be the one for which least provision is made.

We do not need to recapitulate what has been said in these pages and in so many ways, at so many times, that the rich can have such care because they can pay for it, and that the poor can have such care, because it is provided for them by the rich. The very poor are really better nursed today than are those in moderate circumstances, among whom we find doctors, nurses, teachers and clerical workers. We are all agreed that this is not a problem for nurses alone to solve. A nurse cannot always afford to reduce her rates, even though she may choose to do so occasionally. Her share in helping solve this problem will largely be her cheerful acceptance of the limitations of the living conditions in the homes to which she is sent.

At a time when so much assistance is being sent from this country to those in need in foreign lands, and when so much is being done to alleviate conditions that need changing, both at home and abroad,

we are neglecting this great problem of giving skilled nursing care to those of our own country whom Lincoln called the common people, at a time when the calamity of illness overtakes them. Instead of having at their command the best nursing service for an amount which they can afford to pay, they are obliged either to accept an inferior kind of nursing or to draw heavily on their resources or to incur debt. We believe that if the best of nursing care could be provided to this particular group of people during illness and could be given systematically during the pre-natal period and early childhood, the questions of infant mortality, feeble-mindedness and many other problems would be helped toward a solution.

How far the Red Cross may be planning to cover this field, we do not know, but so far as we understand the work of the Town and Country Nursing Service at the present time, it does not touch this group of people.

RADIUM AS A CURATIVE AGENT

We take it for granted that our readers are interested in the use of radium as a curative agent and in the research work that is now being carried on in regard to it. We have endeavored to procure a paper on this subject, prepared by some one of authority, but have been unable to do so, as its usefulness is still in an experimental stage and there seems to be a great unwillingness on the part of anyone to give an opinion in regard to its value. There are certain things to be said about it, however, which may be of interest to those who have not had an opportunity to see the current literature on the subject.

Radium, itself, is a metallic element found in minute quantities in combination with other substances. Its discovery by M. and Mme. Curie in 1902, and the subsequent study that has been made of its properties and activity, have upset all the old theories of the composition of matter, and a new chemistry and new physics are being gradually evolved. It is now supposed that many substances have "radio-activity," but that some have a much greater amount than others.

At the present time the foremost experimenters with it as a curative agent are Dr. Abbe of St. Luke's Hospital, New York, and Dr. Howard A. Kelly of Johns Hopkins Hospital, Baltimore. Its curative property was hit upon by chance. About three years after it was isolated by Mme. Curie, a Frenchman, M. Bequerel, went to London with a small tube of it in his pocket. After a few days he noticed an inflamed spot upon his body where the tube had rested. He found that this was undoubtedly due to radium. Later careful investigations were

made showing that this substance produced marked effects upon animal tissue, especially diseased tissue. Extensive experiments were then conducted by Dr. Abbe of New York upon cancerous tissue. The results were extremely variable. Some cases were manifestly cured, others were accelerated and death hastened. In still other cases serious burns resulted. With such serious drawbacks, radium therapy would probably have stopped there but for a discovery as to the nature of radium.

In Paris, in 1905, Drs. Wickham, Degrais and Domenici found that radium gives off three different kinds of ray which they named the Alpha, Beta and Gamma rays. The Alpha ray is composed of minute particles charged with positive electricity and has a burning effect on tissue. This ray was responsible for the troublesome burns. The Beta ray is negatively charged and stimulates growth, which explains why some cancers increased rather than disappeared. The Gamma ray is not composed of particles, it is as intangible and unknowable as light or ether. This was found to be the ray which had a curative effect. It does not affect healthy tissue, which seems able to withstand it, but diseased cells are disintegrated by it.

It was now necessary to eliminate the harmful Alpha and Beta rays but preserve the Gamma ray. It was found that the two former rays could not pass through opaque objects, though the Gamma ray could pass through a steel bar or even the human body. The radium salts used, were then inclosed in a platinum-lined lead tube which cut off all but the Gamma rays, and it is thus that radium is used today. The small tube is bound upon the affected area or put into an incision in that area. It remains for from two to twenty-four hours. The effect is not immediate but after a few hours the tumorous cells are seen to swell, lose their characteristic markings and slowly disintegrate. After a few weeks or months the area disappears and new tissue heals in, without leaving a scar.

The advantages of radium as a treatment for cancer, when it is successful, are several. First it does not leave a scar, and so is valuable in removing surface cancers where surgery would cause disfigurement. Or again, the cancer may occur where it would be difficult or dangerous to remove it with the knife. This is particulary true with uterine cancers.

Radium has been used successfully in certain cases, causing the disappearance of the cancer. Up to the present time, a period of ten years since the first successful application, these cases have showed no recurrence. However, radium is limited in its capacity. Since, in order to destroy the cancerous cells, the ray must fall upon them all,

a generalized cancer cannot be successfully treated. Where the system is permeated with cancerous cells, radium is inefficacious.

The greatest obstacle in determining the value of radium in the treatment of cancer is its scarcity. There are said to be only 40 grams, in available form, in the world, though it has been wasted in great quantities in the mining of certain ores, where it has been thrown on the dump heap. The process of obtaining it is slow and expensive. From several tons of pitchblende, or other ores containing it, a few pounds of uranium can be extracted, out of which may be obtained only a few milligrams of radium. The ores containing it are found most plentifully in Colorado, and an effort is being made to conserve the supply.

"THE CARE OF THE BABY"

A pamphlet with this title has been brought out by a committee from the Association for the Prevention of Infant Mortality, and is published by the United States Public Health Service. It contains, in simple and brief form, the most advanced ideas in regard to the care of a baby, the men composing the committee being specialists in this particular line of work. The pamphlet, which is intended for wide distribution, may be had for five cents a copy. It is not only a reliable guide for the poor mother, who has not had instructions as to the care of her children, but it will be useful to any intelligent woman. Every private nurse who has anything to do with young mothers should have a supply to leave with her patients. It would be an excellent philanthropy if each hospital would make a gift of a copy to each patient leaving the maternity department.

To give an idea of the simplicity and clearness with which the material is prepared we quote paragraph III on Weaning:

> The baby should be completely weaned at the end of the first year. Up to this time breast milk should be given to the baby as long as it thrives. It is better, when possible, to continue nursing through the summer and to wean in the fall. It is better to wean in the summer than in the spring, if by doing so the baby can have breast milk longer.
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> Do not wean the baby suddenly; it should be done gradually by replacing one breast feeding at a time with a bottle feeding. Several weeks are required for weaning.
>
> It is dangerous to wean a young baby. It should not be done for the convenience of the mother and should never be done without the advice of a physician.
>
> Contagious disease in the mother does not mean that it is necessary to wean the baby. In case of severe illness, contagious or otherwise, a temporary weaning may be necessary for the mother's sake. A physician should decide this. As soon as the mother's condition permits, the baby should be put back on the breast. The supply of breast milk can sometimes be brought back by putting the baby

regularly to the breast for several days, even when nursing has been stopped for several weeks.

Copies of the pamphlet can be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C.

THRIFT AND EFFICIENCY

Another pamphlet of interest to superintendents of training schools, registrars of directories and officers of alumnae associations, is one issued by the Young Women's Christian Association on Thrift and Efficiency. It is the result of the investigations of a commission appointed to study the subject and is not merely a compendium of suggestions as to ways of saving, but is a thoughtful study of the causes of waste and extravagance and of their prevention. It is addressed to the salaried woman, rather than to the wage earner, and includes a study of the problem of fitting young girls for positions, rather than allowing them to drift into the first occupation that offers them a livelihood.

To women already established in salaried positions it puts the following questions:

How much have I earned all told in my life?
How much could I have saved if I had wanted to?
How much do I possess free and clear now?
How much of the difference between earnings and present possessions has been frittered away?
What am I going to do from this time on to secure my living expenses in sickness and in old age?

A small personal account book is issued at a very low cost, with columns for the items of expenditure, which show at a glance how one's income is being used. Those who have to do with student or young graduate nurses will be interested in supplying them with these books as an incentive to begin using their incomes systematically rather than spending in a haphazard way. The subject will be a good one for consideration by alumnae associations or class organizations, where such exist. The account books and literature may be obtained from the Publication Department of the Young Women's Christian Association, 600 Lexington Avenue, New York City.

MISS HAY TO INAUGURATE TRAINING OF BULGARIAN NURSES

As we close our pages, the announcement is made that Helen Scott Hay will inaugurate the system of nurse training in the school about to be established in Sofia, Bulgaria. Queen Eleanora of Bulgaria asked the aid of the American Red Cross in finding a superintendent

for the school, and Miss Hay was selected for the appointment. While the school is being started, four young women from Bulgaria will receive training as nurses in the Presbyterian Hospital, New York, with the intention of carrying on the work begun by Miss Hay. It will be remembered that Miss Hay has recently returned from a trip around the world. She is a graduate of the Illinois Training School, Chicago, and was for several years superintendent of nurses of that school. She has held other administrative and teaching positions, and has always been active in association work, both national and local. She is also a well-educated woman in general lines, so that she will be able to give much more than technical information to her new pupils. The experiment will be an interesting one. American nurses will wish Miss Hay and the new system of nursing all success.

REGISTRATION REQUIREMENTS IN CALIFORNIA CONVENTION

More than ordinary interest is felt in the inauguration of registration in California because of the long struggle by the nurses of the state before they could secure a law or its administration, in the first place, because of the enactment of the eight-hour day law for pupil nurses, and because of the fact that the administration of the law for registration is under the Board of Health administered by a Director.

The Department is now actively engaged in administering the law, as will be seen from a report of its work in the news items, and has issued a pamphlet giving the requirements for accredited schools and the recommended course of study. This is well arranged and is so carefully explained that the novice in training school management should be able to work out a good system from it for her pupils. Standard text and reference books are recommended and forms are given for the keeping of students' records.

CONVENTION REPORTS

The national conventions at St. Louis will be in session while this issue of the JOURNAL is in press, so that it is not possible to give reports in this number. The most important transactions will be commented on in the June JOURNAL and the full report of the American Nurses' Association will be published as early as possible, probably in July.

HOW CAN WE ATTRACT SUITABLE APPLICANTS TO OUR TRAINING SCHOOLS?[1]

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Difficulty in attracting suitable applicants is not peculiar to training schools for nurses. A good many other professional schools, most of them in fact, find similar difficulty. Medical schools are constantly complaining of the poor caliber of their students, and we are not without some evidence that their complaint is justified. Mr. Pritchett, of the Carnegie Foundation, says that "for twenty-five years past there has been an enormous overproduction of uneducated and ill-trained medical practitioners," and later, "the profession has been diluted by the presence of a great number of men with low ideals both of education and professional honor," and Mr. Flexner, continuing, speaks of a "century of reckless overproduction of cheap doctors."

Law schools admit large numbers of men, who give little impression after graduating that they are in any way concerned with the maintenance of justice. In fact the sharp unscrupulous attorney who is unpleasantly common in our communities, may become a serious obstacle to the enforcement of the law.

As for the theological schools, it has long been a serious problem with them to attract enough men of suitable education and general fitness to fill the ministry. The inefficiency of the ministry is even given as one of the reasons for an alleged decay of churches. President Faunce, of Brown University, says, "Few young men of strong personality and power of leadership are now choosing the ministry."

The army and navy, once the most popular and attractive of professions, are now in pretty much the same plight.

It is suggested that the profession of teaching may be an exception, that it is rather over than under-supplied with pretty good candidates, that too many (women especially) are turning in this direction. Yet no one who is at all familiar with this great profession with its enormous army of workers (over 17,000 in New York City alone) could deny that it has many members who are conspicuously unqualified for the work they are doing.

[1] Read at a meeting of the New York City League of Nursing Education, January, 1914.

It would be, I think, quite correct to conclude that scarcity of good candidates for admission to training schools is not singular, and is not particularly characteristic of training schools, since all of the professional schools are obviously unable to attract and send forth enough competent men and women to do the work they have undertaken. And I think it would also be correct to say that in practically all of these professions the effort to improve the quality and character of aspirants for admission has taken one large general form and direction. It has been to lift the requirements for admission higher, to improve the quality of the education and training offered, and through these means and others, to improve the status of the profession itself; to make it more efficient, more respected and honored in society. I do not think of any exception to this general rule. The inference or assumption then is inevitable, that the trouble with many of our professions is, or has been, low standards; that this fact has influenced the whole situation, the usefulness and efficiency of the members of the profession, the estimation in which it is held by the public, the standing of its schools, its ability to attract in any suitable number men or women of high personal and educational qualifications.

A careful study of the causes of the scarcity of good candidates for admission to our training schools for nurses, would probably show that nursing in nowise differs essentially from these other professions in its fundamental problems of growth and development; that the difficulties it encounters are similar, and the obstacles to progress practically identical. It appears logical, therefore, that methods of meeting and overcoming them should move along the lines in which they are moving. But nursing has not only to meet the usual difficulties common to all professions; it has, in addition, peculiar problems of its own. It must make its painful progress upward through paths bristling with impediments of a special and unusual nature. Some such peculiar conditions stand out conspicuously, others are subtle and obscure, but are not without considerable importance. Surveyed briefly they are, the enormous and rapid developments in medicine and surgery, and, consequently, of hospitals calling within a brief period for an extraordinary accession to the number of nurses needed; the expansion simultaneously in the most striking manner of the whole field of women's activities; the entire inability of our training schools to bring their methods of training out of that narrowness and rigidity of earlier days into line with modern standards of professional education; and again, the rise and great vogue of commercial hospitals, and of what might perhaps be called the business of medicine. Add to these the still existing prevalence of a

sentiment which looks upon nursing as an easily-acquired homely art, in preparation for which nature leads the way, and it really matters very little, after all, what follows. In other words the public is still really willing to accept ignorance and incompetence in the care of its sick, as in meeting no other one of its vital needs. All of these conditions and influences have acted in combination, or singly, and in various ways, sometimes to exploit, as it were, the nurse, and sometimes the education of the nurse, and to retard or crush out efforts toward genuine and proper development.

The growth in hospitals and in training schools has for years been phenomenal, and it is continuing. New hospitals are constantly arising in large and small cities, and more recently in the small towns. Some of them are needed, some of them are not. Special and private hospitals in particular have been multiplying, and it is said that there are now over forty different varieties of institutions for the treatment of the sick in New York State alone. Noteworthy, also, is the continued expansion in our great general city hospitals. There seems to be a feeling that something is wrong during the year in which no record can be made of establishing or opening a new ward or department. The very great dependence of hospitals upon training schools, which are to them the equivalent in the most literal sense of a nursing staff, providing both officers and body of workers, has created a peculiar demand for students, which is quite independent of the demand and need for nurses for the public outside of hospitals. Part of a genuine professional field in other words, was, and is, in the hospitals, being supplied with students. This demand in hospitals for workers has been so urgent, so large, and of such continuous growth, that, if it were to be met entirely by students, it could only be done by keeping requirements for admission at a very low standard. This is, in effect, what has happened, and it is, in a measure, reacting now disastrously upon training schools—and upon hospitals, also—and further upon the proper status of nursing in the community.

When nursing was first established, there were really but two professions for women, teaching and nursing, but of recent years, new and interesting occupations for women have been steadily opening, and attention has been deflected from these older time-honored occupations into other and newer channels. Women are now working in many capacities in public and in private life, to an extent undreamed-of twenty-five years ago, and paths for advancement long closed are now opening for them. Who, for instance, would have dreamed, even a decade ago, of a woman as Commissioner of Correction (as Miss Davis now is) in this great city of New York, or as head of a Federal Bureau as Miss Lathrop

is, in Washington? These are great examples, but their present opportunity for usefulness was not reached without a long apprenticeship in other forms of social or institutional work.

Of the more common occupations, secretarial work is occupying many well-educated and able women. Our social, civic and educational institutions everywhere are employing in some secretarial capacity a very large and steadily-increasing number of educated women. The requirements for such work as they are doing are fairly high, and the field is a popular one among college women.

The field for librarians has widened greatly, and is affording ever-increasing scope for highly-educated women. In certain special branches where expert work is needed, exceptional qualifications are maintained. More attractive still, apparently, at the moment, are those activities which are rather loosely summed up in the term social work, and those who are engaged in it are just those women who, a decade or two ago, would have been drawn to training schools. The work has steadily grown in interest, usefulness and dignity, and schools of philanthropy are beginning to require full college work of their candidates for admission. I think I am right in saying that in the School of Philanthropy in New York a very large proportion of the students are college graduates. Few nurses qualify for admission to its regular courses, and special courses of an elementary and popular type have been arranged for them. It appears to be true that in several occupations which are not to be compared with nursing in importance and in difficulty, the requirements for admission are considerably higher. As a matter of actual fact, I cannot, at the moment, think of any of the more serious callings in life, which it is so easy to enter, as nursing is today. So it cannot be that these many new occupations are easier of access than nursing is; on the contrary, they are all harder to enter.

Possibly, then, the remuneration in these other fields is higher than in nursing and is thus a factor in attracting candidates. Even the most casual study shows that this ground cannot be well taken. In the majority of these positions which are held by nurses in institutions, the salaries are high in comparison with those of secretaries, social workers or teachers. I grant that the salaries of teachers are not what they should be, but this does not affect the fact that the salaries of nurses generally are considerably higher, and this will hold true of even the least-adequately paid branch of nurses' work, that in the city health departments. The nurse in such a department enters upon her work at a salary appreciably higher than that of the young teacher, the difference being (and this is a vital matter, needing to be attended to) that the teacher has some advancement and promotion to look forward to, while the nurse

has practically none. The writer knows a nurse who has done excellent work in the New York City Health Department for about ten years. Her salary began at $900, and is still at that sum. There is little, if any, outlook for advancement, and she may have to give up a work which she likes, and in which she has proved valuable, in order to secure the larger income which she earns, and for which she is undoubtedly qualified. She is one of a staff of nearly six hundred nurses, whose outlook for advancement under the present system appears to be no greater than hers.

From the foregoing it would appear that there may be something in the conditions of nursing generally and of work in hospitals and training schools, which is keeping out candidates. What is this something? I am not sure that I know, but in so far as training schools are concerned, I can make a pretty shrewd guess, and can give you some, at least, of the reasons as other people give them to me. Without any attempt at logical order, they stand about as follows:

First, there is a decided and almost universal objection to the long hours of hard ward work, which are still the rule for student nurses in our hospitals. Out of several thousand hospitals, only about eighty have yet established an eight-hour day. (This record was made before the passage of the law in California requiring the eight-hour day for pupil nurses in all hospitals in that state.) There is a particularly deep-rooted objection to the twelve hours of night work for such students, night work usually occupying from six to eight months out of the entire three years of training. There is further objection to the hours for special nurses, which are almost never less than twelve, and may be from thirteen to eighteen. Many hospitals of good standing otherwise, are flagrant offenders in this respect.

The next objection is to the amount of ordinary routine housework frequently included in the training throughout the entire course. It is contended that this has limited educational or disciplinary value; that its chief purpose is to save the expense of domestic labor, and that it should be turned over to the department of domestic service to which it belongs.

The third objection is to the elementary and superficial character of the instruction, to the limited amount offered, and to the pitifully inadequate preparation of many of those who teach. It is further urged that even if the teaching were of the highest degree of excellence, it is impossible for students to profit by it, after so many hours of hard physical work, such as is involved in actual care of the sick—work which is exacting also from the standpoint of mental strain and responsibility.

Other objections constantly made are to the childish and unintelligent

nature of much of the discipline, to the restrictions thrown about the whole life of the student, preventing natural pleasures and diversions, such as every healthy human being should have, which should be liberal, rather than restricted, for those whose main work is of so serious and often depressing a nature. Lack of reasonable vacations and holidays, lack frequently of suitable living conditions, lack of libraries, of current reading material, of suitable teaching material, are also frequently the ground for objections, and summed up they present a formidable array. Foremost, however, among them, and ever-present, stands the genuine fear of a breakdown in health for the student. Not all of these conditions to which objections have been made are usually found in any one hospital or training school, but some of them would probably be discovered in all schools, and I presume that careful study would reveal other less conspicuous and more subtle defects, to which we have grown accustomed.

There is one aspect of the situation which it might be well perhaps to clear up before going further. It has been said, and letters have stated in the public press, that the scarcity of applicants to training schools is due to the establishment of laws requiring unattainable educational standards for admission. The answer to that is that the scarcity of applicants has nothing whatever to do with laws for the registration of nurses. Every training school superintendent knows that there has never been a time when suitable applicants were sufficiently numerous. Many years ago, before so many avenues of work for women were opened, there was probably a larger number of persons applying for admission, but we all know that the majority of them were hopelessly ineligible. Applicants began to decrease in actual number about fifteen years ago—some years before any law was passed. Several years before the first law was passed certain training schools of our acquaintance were writing, in despair of securing enough students for their work, asking us to refer to them those candidates whom we had been unable to accept. Our answer to that usually was that while large numbers did apply, many were wholly unfitted and that in the last analysis we never sent away any applicant who, we thought, could by any human effort within our grasp, be made into a good nurse.

When we hear of a time when there were hundreds of applicants, we know quite well that all but the merest handful of them would have been unable to present even the minimum in qualifications of education and personal fitness for the work of nursing. Scarcity of good applicants existed before laws were even thought of; it is found in states where they have no laws, and it is even a greater problem in some of these states than in those in which laws are in operation. It is quite a problem, too, in Canada from which we formerly received a good number of very good

candidates. They are saying now over there that they cannot recruit their own schools, though no laws are hindering them.

In England, where there are no laws, there is increasing anxiety over the dearth of good applicants. The quality of those applying in some quarters may perhaps be gathered from some such statement as this. "The women we are now actually taking in would hardly make good housemaids. We cannot get anyone else to *do the work*." That last sentence provides the keynote of such suggestions as I have for trying to increase the number of suitable candidates for admission to our training schools.

First, it seems to me we must gradually stop thinking of student nurses purely or even largely, as providing an easy and convenient means of getting a great mass of hospital work done, some of which is nursing and some of which is not; some of which provides valuable training for nurses, and some of which provides no training at all for intelligent women. We must reorganize our minds on this subject, and when that is once done it will not be too difficult a task to reorganize our work. We must first, last and all the time look upon the pupil nurse as a pupil in the fullest sense of the word and provide for her as such, in instruction, in practical training and in methods of life and discipline.

A really thoughtful, seriously-made study of our method of practical training would probably lead us to eliminate a good deal of the most simple, unskilled domestic labor now performed by students of all grades as a routine part of their daily work, and place it where it belongs, in the hands of domestic employees as a branch of elementary household labor. To illustrate my point, it is important, for instance, that bath tubs should be carefully cleaned as often as needed, that basins and all other necessary lavatory utensils should be kept absolutely clean, but it is no more necessary that a nurse should do this daily than that she should clean floors and windows. It is important, for instance, that linen should be neatly folded and kept in orderly arrangement for convenient use, and that linen room shelves and drawers should be clean. It is not necessary that such work should devolve upon the student nurse. Her time could be spent more profitably in actually nursing her patients, studying their condition, ministering to their immediate needs. Of course, the nurse should be taught how to clean and care for properly, every part of her patient's surroundings and every appliance used, but it is not necessary, if a woman is intelligent enough to be a nurse at all, to make such work a routine process in her training for the entire three years, or even for an appreciable part of that period.

To reconstruct what is called "ward work" and sift out of it a good deal that need not be done systematically by pupil nurses, would greatly

improve their training, and tend to remove the reasonable objections that intelligent use is not made of the student's time, strength and mental powers. We have been making, of course, transfers of work of this kind constantly for a good many years, and producing thereby better and better nurses, but we have not gone far enough, not nearly.

Then there must be better teaching in our training schools, and by this I do not mean, wholly, teaching in class or lecture room, important and essential as that is, but the instruction also, of a kind of clinical teaching in the wards over the patients which as yet has been nowhere worked out in the degree in which it should be worked out. This is teaching, not only of highly technical and complicated procedures, but of the very heart and essence of nursing. It must be done by the expert nurse, who works carefully, critically, yet sympathetically, ensuring the best efforts of her students, yet inspiring them to further effort in the spirit and in the way in which the painter or the musician passes over his art to his pupils. "For nursing," as Florence Nightingale says, "is the finest art of them all." To teach in this way we must have highly skilled graduate nurses at the heads of our wards, capable of first seeing their work from this standpoint, and then of imparting their art to pupil nurses, helping them to become skilful, arousing their thoughtful interest in the progress of their patients, inspiring them with enthusiasm, and creating in them love and respect for their work. Such teaching cannot usually be done by a young pupil nurse, and to place a pupil nurse in charge of a ward with its unparalleled opportunity for such instruction, because that happens to be a convenient way of meeting the situation, and lessening the expense, is a grievous error. We shall not attract women into our schools by placing them in the hands of their own schoolmates to be trained and developed. That system went out of use in other branches of education long ago, and we retain it in training schools, if we do, at far too heavy a cost.

All teaching in training schools should be done by nurses or other instructors expert in the subject they teach, whether it is theoretical, practical or personal. They should be adequately paid for such service and given proper status and place and equipment with which to carry on work recognized as essential, indispensable and important. A liberal policy in this matter of instruction, together with the provision of a sound and well-balanced system of teaching, will do much to attract a larger number of good candidates to our training schools. That system is not liberal and well-balanced which provides weekly but two or three hours of instruction, while exacting from fifty-six to seventy hours of practical work.

Important and necessary as the practical work is, it will render almost useless any system of teaching, no matter how excellent, unless kept within rational limits for students, with the constant recognition of the fact, that they enter as students with rights to be considered, and not merely as a body of workers whose services may be commanded.

It has proved and is still proving practically impossible for students to benefit as they should by instruction, no matter how valuable or how interesting, when they have not suitable time for study, and when they are too tired after several hours of physical work to follow the teacher with a clear comprehension of what is being taught. A quarter of a century of experience and study of this question leads me to an unshakable conviction that reform in hours of work for students in hospitals is our first and fundamental problem, that it is urgently and widely needed and that without this, other improvements and advances are of limited utility, and some of them indeed cannot be safely urged. Eight hours of hospital work daily for students is the very maximum which can be carried on concurrently with an adequate system of instruction. This, of course, does not apply at all to the preliminary term when the student is being prepared for the hospital by concentrating a good deal of necessary instruction into a brief period. This time should always be truly independent of hospital requirements.

There is one aspect of our work seldom touched upon, yet profoundly important. I would plead for a closer relationship between the superintendent of nurses, her staff of assistants and the pupils of the school. A stronger sympathy and a deeper understanding on both sides must somehow be created. Students must obtain a clearer comprehension of the purposes and value of discipline and must carry it willingly and intelligently into efforts to strengthen themselves and to overcome weaknesses. In some way it ought to be possible to give students a correct estimate of the peculiarly heavy burden of work, anxiety and responsibility which must inevitably be borne by the heads of all hospital training schools. There must be mutual confidence and respect, and our students everywhere must feel that their happiest as well as their most useful days have been spent in hospital and training school, to which they turn ever with greatest loyalty and affection. They should have no greater pride or pleasure than to bring into the work they love and the schools they believe in, sisters, relations and friends. Until our outgoing students carry this spirit with them, we can hardly assume that our work is truly successful.

It is in these directions mainly, I believe, that we should work in enabling our training schools to attract and hold the better type of women who should be found in them in ever increasing numbers. And it is

the greatest encouragement to see that those schools which do maintain good educational standards and are constantly striving to improve their methods (and the number of these is growing) are able to attract exceptionally well-qualified candidates. Encouraging too, is it to know that every step forward in the improvement of the training school and the character of the candidates for admission, is also a step forward for the hospital with which it is connected, strengthening and advancing its work also.

Schools are, of course, justified in using every legitimate means of informing the public accurately about their work. The ordinary methods of publicity are available for them as freely as for other schools and colleges, though hitherto, so far as nursing is concerned, they have been usually used most largely by those having the least to offer. Good service might be rendered by the publication of carefully-written articles in some of our best periodicals describing a few of our great historical training schools, discussing the life of the student in hospital and school, and presenting the most recent and interesting developments in the professional field of nursing. The work which nurses are doing for the public health, showing its significance, and the promise it holds for the future, would be likely to lead many thoughtful women to a new interest in training schools and what they offer. But, of course, the very best effort to attract will be made unconsciously through the students and graduates of our schools. There never was a time in history when so many bright, eager-hearted young women were seeking occupations in which they may be able to render some useful service to their fellows, and instead of being overlooked, our training schools ought to be among the most desirable institutions of the world for further educating and training women of such character and such aspirations.

THE SOCIAL VALUE OF NURSE TRAINING

By ETHEL R. COSS

Massachusetts General Hospital

In the rearrangement of social forces that is taking place today, every phase of social life is being scrutinized and re-valued. "We live," says Walter Lippman in his *Preface to Politics*, "in a revolutionary period and nothing is so important as to be aware of it." The measure of our self-consciousness will more or less determine whether we are to be the victims or masters of change. Nowadays, life has very complicated interests, and seeing, reading, listening, thinking, means largely the study of public problems, pressing for attention. The issues are so many, and

the unrest is so great—labor, capital, the immigrant, child labor, commercialized vice—the public problem is to construct order out of this chaos of restless forces. Social leaders are trying to teach that human life and happiness are paramount. Political leaders are being forced to see that laws and conventions are valuable only as they are contrivances to further social progress. The keynote to the age that is coming is the study of man's possibilities and the subordination of all other interests to the end of developing the best in his nature.

Today, any one entering a vocation which demands long preliminary training, must ask himself about the possible growth of that profession. What is to be, in the future, the social value of his work, and how is the necessary training to fit him as an individual to play his part in civic life? Every alert and thoughtful young man or woman, either consciously or unconsciously, faces these questions. Very often the choice of a life work is dictated by a special talent, but more often than formerly, and more often than we realize, the social importance of the work is the determining factor. In the case of physicians the social aspect of their work is frequently its greatest attraction. In case of nurses this fact is more often true because the intellectual and technical appeal is so much less. A nurse in training, or a girl about to enter a hospital, may stop to ask herself what part she is to play in this day of awakening, and what is the social value of her instrument, the training she is receiving. The constantly improving educational and technical equipment of nurses, the power of numbers, of constantly increasing numbers, destines them to take part in social changes.

A glance at the prospectus of a training school catalogue, gives a clear idea of the technical equipment of a nurse. At graduation she is supposed to know with definiteness, and to be able to apply the important general facts and their consequents concerning anatomy, physiology, bacteriology, medical and surgical diseases, obstetrics, the care of infants and children, dietetics and practical cooking, and the ethics of the profession. Public health is the most vital problem of the day, and is so much a matter of housekeeping, individual and municipal, that a nurse's training gives her a leverage upon it that no other social worker has. She is better trained in the knowledge of real, versus apparent, cleanliness, of personal hygiene, and the significance of slight deviations from the normal. In visiting nursing, the nurse tries to correct the mistakes in living which have led to illness in the house. She teaches the screening of windows, the feeding of the baby on fresh and not condensed milk, protection of food, etc. There are plenty of simple things to teach, and often what, "the nurse says," carries more weight than other advice. In schools she often prevents contagion by recognition of early symptoms,

does much practical work along the lines of preventive medicine. She often saves a child to good citizenship by saving a curable physical condition as the basis of apparently hopeless mental defects. In factories and hospitals, she tries to secure healthful working conditions for employees, cares for those injured while at work, follows up cases of illness, and is general friend and consultant about health problems. In tuberculosis nursing, milk or baby hygiene work, board of health nursing, she does a definite and valuable work. She fits into a place which no one else can fill, a social worker without hospital experience and training could not do it, and the doing of it by doctors is unnecessary and expensive. All these points in the valuation of a nursing education are very obvious and are much emphasized at present. A training school prospectus and a journal of nursing furnish one with links at both ends of the chain. Lying between them are the years of training, the social value of which is not so much considered, and which, after all, are the important and determining years.

To me, the most real social value of a nurse's training is the insight into general human experience that the training gives. Many girls entering hospitals are already enriched by knowledge derived from previous social work, most often teaching of some kind, but frequently from business careers. By far the greater number are fresh from home or school, quite without any practical or even theoretical knowledge of certain phases of the social life of our times. Most girls come with two purposes; primarily to learn a profession and secondarily to respond to a definitely felt but vaguely-formed desire to be of social use. The amount of insight given such a girl, even by ordinary routine hospital experience, is very large. If broadened by special work in the out-patient, on the district, or in some branch having to do with social service, direct instruction gives point and force to the observations already made. Beside the insight into individual characters, both lovely and unlovely, gained from attendance upon patients, their physical condition and the cause of it, gives insight into varied phases of social conditions. The traumatic cases, seen in the male surgical wards, the crushed, maimed or septic arms and hands, the countless fractures and amputations, all show how improperly protected from industrial accidents the worker is. The occupational diseases, such as some forms of tuberculosis, or lead poisoning, or the diseases due to crowded living, like typhoid and contagious diseases, all have their significance to the nurse. So many of the gynecological cases, so many of the cardiac cases, or the nerve cases, impress the fact that ignorance is the cause of much disease.

The value of a nurse's training does not consist merely in the fact that such cases come to her attention. The mere effect that she gets and the

forcibleness with which that effect is driven home, are the things that count. People in private life know of individual cases and social workers see that unjust and uncivilised living conditions produce diseases and vice, which both unite to produce more abject poverty. The nurse, however, learns the story the other way about. She does not hear that James Blank was injured in a wreck and died in a certain hospital, but the bruised body is brought into the accident room to die on the table under her own eyes. Seeing a weak and feverish patient gradually lose his strength through long nights of painful coughing, cannot fail to make her appreciate the importance of fresh and dust-free air in home and work-shop. What nurse who has the responsibility of watching for the critical emergencies of typhoid, or of giving six sponge and three slush baths in a single night, or whose hands are sore from wearing rubber gloves soaked in corrosive, does not meditate concerning flies, plumbing, and crowded tenement houses? Caring for a series of syphilitic-sortitis cases, or gynecological cases in which the infection was undoubtedly innocently acquired, makes a nurse realise how closely allied are ignorance and disease. Very often she must wonder if she is not standing on the stormiest shore of the sea of life, with never-ending floods of wreckage pouring in.

Any nurse in training will admit that her insight into social conditions is dependent on episodes, and is therefore too fragmentary to be of much practical value. It is a true and a just criticism that most training schools make little attempt to bring to a focus the social knowledge that the nurses gain, or to crystallise the spirit of social service that is awakened in them during their training. Nurses feel this lack, and the hospital also feels it, because an added inspiration to good work is lost. If superintendents of nurses, or outsiders doing welfare work, were to speak on social subjects from time to time, the students might have an opportunity to unify their scattered impressions. At least, glimpses beyond the hospital horizon would serve to keep their enthusiasm alive.

A nurse who is fortunate enough to receive, while still in training, a course in social service or public health nursing, has an opportunity to get a background for her hospital impressions. In talking with patients, in home visits, the nurse comes to know the ordinary living conditions of her hospital patients. She knows the kind of homes from which many of them come and to which they return after their hospital treatment. It is worth much to have visited in tenement homes, from the worst to the better types, and to see what care and intelligence can do under difficult conditions. To see the almost incredible conditions brought about by ignorance and carelessness is a painful but valuable experience.

Many social service problems are chiefly concerned with family finances. The family history shows the connection between low wages, poor housing, poor food, lower earning capacity, poorer living conditions, and resulting chronic illness and dependency. She sees many homes in which conditions need not be as bad as they are. Fresh air, soap and water, regularity as to food and sleep may be had. So many mothers know next to nothing about proper food for children. They honestly wonder why a child, living chiefly on baker's rolls, jam and tea, should be pale, sick and fail to grow. Often there is not much money to be spent, and what there is, is sadly misspent.

In addition, social service opens an entirely new field of interest to the nurse. To have made the required investigations of home and finances in cases of phthisis, debility, mental defectiveness, and other forms of illness, gives one a hint as to the complexity of the causes underlying ill-health and dependency. Seeking relief for such persons also gives a hint as to the number of organizations which are struggling with various phases of social problems. Such an experience creates an interest in public effort which is usually lacking unless awakened by some such line of work. The insight into the size of the public health problem, into its origin, into organized investigation, cooperation and relief, cannot be obtained out of the hospital course. It is a valuable reinforcement of the sympathy and interest aroused by a hospital training.

However, such a statement of the limitations of a hospital course, ought not cause anyone to underestimate its value. Nurses do not have the same semi-scientific knowledge of social conditions that the social worker has but they do have an insight that only sympathy and personal care of the suffering can give. It is not personal ambition, or love of its technique that holds a nurse to her work but rather love of service to those who need it. Patience with seemingly fanciful wants, neurasthenic complaints, and unreasonable desires, is no less a tribute to the value of a nurse's training. Any nurse who comes to know some of the brave and wonderful women who pass through the wards, must feel for them the deepest respect and reverence. Or what nurse who realizes that the greater part of civilization is chiefly men's work, work in which they have spent themselves, can fail to feel that she is part beneficiary of their contribution?

I saw him pouring molten brass into the mold for the engineer's brake valve,
In the superheated air of the foundry. I saw the flakes of poison floating,
Upon his white face I saw written grim, waiting death.

The things which he thought were far distant; he saw not the grim, waiting death.

Nameless and alien, he obeyed all day long without understanding.
Faithfully, without philosophy, he poured the molten brass.

The train, jolting, stopped, obeying the hand of the engineer.
Under the car, I heard the air-brake hissing.
I walked to the great chasm at the end of the track.

I was glad I was saved with the rest.
Then I remembered him with the grim, waiting death on his face,
For me, pouring beam in the poisoned air of the foundry.

—*John Palmer Gavit.*

Does not such a realization rouse one to do her part in compensation? If any one can have, a nurse should have, social sympathy and idealism: sympathy, because she is given to see most clearly the price that is paid; idealism, because she cannot fail to see how preventable much of the sickness of the present time really is. Looked at from the point of view of present conditions, hospitals are an inestimable blessing, but viewed ideally, they are just as truly monuments to social mismanagement. Sympathy and idealism give the nurse two leverages upon her work. Whether she goes into public welfare work or stays in institutional work for the purpose of directing the streams of influence, or later in private life becomes a center of inspiration, is a matter of choice. She has a most important part to play in the molding of public opinion on all questions pertaining to social welfare. The greatness of the present opportunity should stimulate her to join the forces of her profession, that the great army of nurses may not be far from the front in the long march to a real, humane civilization.

YOUR STATE BOARDS

By CHARLES A. BAHN, M.D.

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The profession of nursing has not assumed the standing and importance it deserves. Nursing legislation has not kept abreast with the legislative program of allied professions. Why? There are three reasons. First, because registered nurses are not sufficiently interested to secure greater efficiency of state and national societies. Second, because the state and national societies are not sufficiently organized, active and powerful, to secure proper standing and legislative progress. Third, because the thirty-five nurses' examining boards are not sufficiently powerful, unified and progressive to uphold and increase uniform nursing standards as they should be increased. More interest, greater cooperation, and better management are needed.

This article is not written to criticise existing conditions but to improve them. It is not written to belittle the work of the pioneers who laid the foundations of nursing standards and legislation, but to aid in erecting a lasting monument in honor of their almost heroic achievements. Their names should be cast in deathless bronze and placed in every training school, as an example to present and future nurses.

To you, the nurse in private practice, of what interest and importance are state boards and nursing legislation? Your standing, mental, social, and professional, is largely dependent on your interest in your state board and your national society. They are yours and you are the one to be benefited by them. They are your agents, employed by you to help you. You are a soldier in the cause of organized or registered nursing, and you are loyal or disloyal to the cause that provides your daily bread.

Proper legislation and active boards of examiners have raised the standard and standing of every profession, then why not of nursing? I believe that, at present, we state board members are wasting a colossal amount of energy and securing mediocre results through unorganized and spasmodic activity. There are now thirty nursing boards of examiners, few of which, I feel safe in saying, know what the others have accomplished in the past year. The success of nursing legislation and nursing boards of examiners is principally a question of systematic organization, and the standing of both is proportionate to the power, organization, and efficient management of the individual state board. The time must come when unity of purpose and systematic management will dominate nursing legislation and the management of various boards of examiners. Why should not the time be hastened? We live in an age of organized efficiency. Suppose each month, the secretary of an examining board write an article for THE AMERICAN JOURNAL OF NURSING, to which I am indebted for the suggestion which prompted this article, giving the plans, progress and accomplishments of that board, as well as suggestions and recommendations of national scope. The time is opportune for the organization of a federation of nurses' examining boards to meet once yearly for the exchange of views and plans, as well as to pave the way for greater uniformity of nursing legislation and state board work. Such an organization has aided materially in the recent revolution of medical education. Why should not nursing be benefited by a similar organization?

There is a crying need for a strong national nursing educational body. I hope that at the next meeting of the American Nurses' Association such a council on nursing education, with all possible power, will be created. The duties of this council would be, in part, as follows:

1. To formulate ideal nursing laws. By this means the individual boards and state societies would have a guide for their future legislative efforts.

2. To formulate proper preliminary educational requirements and actual training-school requirements of national scope, preparatory to the grading of every training school of every state, from a central source.

3. To formulate suitable literature for wide circulation in states which have no nursing laws. In our experience there is no better way of influencing nursing legislation than by terse well-written pamphlets, widely circulated to the medical profession, nursing profession, and the legislative bodies. Legislation demands education.

4. To formulate suitable and uniform nurses' application blanks, certificates of registration, form letters for educational campaigns to the medical and nursing professions, to training schools, and educational institutions.

5. To devise uniform records, ledgers and other stationery for state boards.

6. To make an organized effort to institute suitable legislation in states which have no nursing legislation.

7. To make an organized effort to increase the membership and scope of individual state societies.

8. To assist, especially, the newly-organized state boards, in systemization of board work, as well as the building up of a proper organization.

9. To assist, in an organized way, to strengthen the nursing laws in states which have inferior nursing laws.

At present, every nurses' state board is left unaided and unassisted to work out its own salvation. Our board has wasted time, energy, and money in the school of experience and doubtless other boards have done likewise. Is it not possible, at this time, to put an end to useless waste by joining hands and giving more coöperation and publicity to nursing board plans, progress and recommendations? The best results can be accomplished through a central organization. I believe that such a council of nursing education should be made self-sustaining, by the sale of preliminary educational blanks, student nurses' certificates, nurses' application blanks, nurses' certificates, stationery for state board, including record cards, ledgers, etc., office equipment for state boards, including filing cabinets, desks, etc., pamphlets, literature in the cause of nursing legislation, and form letters, for educational campaigns, either by state boards or nursing societies. The printing bill for our board in the past year has been over three hundred dollars, doubtless the expenses of other state boards has been as much. We would be only too glad to aid the cause with our printing business.

Among the features of registered nursing that soon must become more systematized is reciprocity which, at present, is in a more or less chaotic condition. It is only fair that nurses who have qualified in one state should be permitted to register in another of like qualifications, without examination. A nurse may be called from one state to another, without time for preparation, or even for examination. This means either a temporary certificate or illegal practice in the second state. Our board has adopted the issuance of temporary certificates, good until the following examination. There is no single thing that would promote reciprocity better than a federation of nurses' examining boards; directly, by bringing the various boards in closer contact, and indirectly, by influencing reasonable and uniform legislation in the various states. Our board has written every state board in the country on this subject. From some we received definite and business-like replies, from others indefinite answers and from others we have heard nothing at all. This is not right. Every board should know whether or not it is in a position to entertain reciprocity agreements and on what terms. It should answer correspondence with reasonable promptness.

What are the duties of a nurses' examining board?

1. To teach the medical and nursing professions and public that a registered nurse means a competent nurse and that registration is the state's guarantee of efficiency. The demand must be created for registered nurses and met by registered nurses. Our work in this connection has consisted of short, terse letters to every physician in the state, sent at regular intervals, lectures to medical societies and nursing societies; free directories of registered nurses, for wide circulation; circular letters, at regular intervals, to every registered nurse in the state, concerning the plans and progress of their board; letters to educational institutions, to interest young women in the cause of registered nursing. Our certificate stands for efficiency.

2. The regulation of training schools.

a. Uniform preliminary requirements. We have instituted the student nurses' application blank and student nurses' certificate. The application blank, which we print gratis and send to training schools, consists of two sections. Section one is executed by the applicant and contains the names of subjects studied in high school, with blank spaces for the number of years during which they were studied, text-books used in each, etc. Section two is executed by the principal of the school last attended, and is simply a verification of the statement made in section one. This blank is sent to us during the applicant's probation, and on the approval of the same by our board, the student nurse's certificate is sent to the superintendent of the applicant's training school. This

certificate constitutes full proof that the applicant has complied with the preliminary requirements of this board. If deficiencies exist, the applicant is so informed that they may be rectified by the time of graduation. We simply assume the responsibility of the applicant's preliminary education during probation. No applicant, having entered a training school in Louisiana after September 1, 1913, can become a registered nurse in this state until this preliminary blank is approved by our board. Is it fair that a student nurse spend two or three years in a training school without a positive and authorized statement that she will or will not be able to register after graduation? This preliminary blank is the only solution to that problem. The best training schools realize that the use of this preliminary blank relieves them of responsibilities and raises their standing as a training school. Our board is directly responsible for the student nurse's preliminary education. Why not, then, assume the responsibility during the student's probation, when deficiencies may be rectified before graduation?

5. The grading of training schools. This is the most difficult problem that has confronted the Louisiana Nurses' Board of Examiners. Training schools differ so much in attendance and facilities that a mean average and a fair standard are difficult to ascertain. Our plan has been to form what appears to us to be a reasonable standard and present the same to all the training schools in the state, for criticism and recommendations. These criticisms are carefully compared with the original and with the standards of several other states, in order to determine a fair and reasonable one for Louisiana. It is our endeavor to be reasonable, practical and just, and to be uniformly so. It is not our purpose to penalize training schools nor to decrease their attendance. In order to arrive at a fair standard we want and need the coöperation and assistance of every training school in the state. The best training schools realize that coöperation is to their advantage. Uniformity of requirements place all training schools on an even footing. This board proposes to publish at the earliest possible date, a catalogue and description of every accredited training school in this state. A prospective nurse has the right to know, under authority of the state, what schools afford the best training for the three years involved. Only graduates of accredited training schools can become registered nurses. We are acting in this matter entirely on the advice of our legal counsel, and are prepared to meet any legal complication that may arise.

Apropos of training schools, there is no more valuable asset to a nurses' examining board than an active legal counsel. A legal mistake may undo years of work and cause no end of trouble. All educational campaigns, circular letters, and training school requirements are first submitted

to our legal counsel, before going into operation. All prosecutions are under his direction.

3. Actual examination of candidates. The place to examine nurses is in the training school. Unfortunately, under present conditions, it is impossible to place a reasonable standard of efficiency on training-school diplomas, hence the necessity of a supplementary state board examination. The Louisiana examination consists of ten branches of ten questions each, anatomy, physiology, medical nursing, surgical nursing, obstetrics, dietetics, bacteriology and hygiene, gynecology, chemistry and care of children. An average of 75 per cent is required. The questions are formulated by the examiner of the branch and submitted to the board for approval, to prevent a possible duplication of questions. The Louisiana Board realizes the benefits of practical oral examinations and hopes to put them into execution soon.

The Louisiana Board of Examiners has been in existence eighteen months. The work it has done may be reviewed briefly as follows:

1. It has registered practically seven hundred nurses, adhering in every detail to the requirements prescribed by law.

2. It has on deposit nearly six thousand dollars.

3. It has a complete modern office, with full equipment such as filing cabinet, library, safe, typewriter, desks, and accurate and permanent records.

4. It has written over seven thousand letters to the medical and nursing professions in the cause of registered nursing.

5. It has published a complete directory of registered nurses (3000 copies), for wide distribution to the medical and nursing professions.

6. It has formulated suitable preliminary educational and training-school requirements, and is making an organized effort to uphold them.

7. It is inspecting training schools and standardizing text-books.

8. It has a nursing library open to all registered nurses.

9. It is making due effort to secure suitable reciprocity agreements.

10. It is conducting an organized campaign in behalf of registered nursing, directed to the medical and nursing professions and educational institutions of the state.

11. It is making every effort to benefit the cause of registered nursing and registered nurses, both in and out of the state.

To conclude, if the ideas herein expressed meet your approval, criticise, that they may be improved. If the ideas do not meet your approval, criticise anyway. Criticism means interest. Interest means action. Action is needed. Registered nursing does not occupy the position it deserves because each one has not taken sufficient interest in its program. Your interest, your recommendations, and your criti-

cism are vitally essential to this cause. Other professions are making more progress in organization and legislation than nursing. Is your profession of so little importance to you that you can neglect its mental, social and professional standing? Think it over.

THE FLY AS A CAUSE OF DISEASE, FROM A NURSE'S STANDPOINT[1]

By VERNA HINOTE, R.N.

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Many articles have been written on the fly from various standpoints but never have I read one from a nurse's standpoint.

Just because the fly was sent upon the earth as a punishment (if it were), for the purposes of annoying our ancestors, there is no reason why we should let him treat us likewise. We are well aware that the fly carries disease germs, so every precaution should be used to prevent it from multiplying. When a nurse is called on a case, especially one that is infectious or contagious, extreme care should be taken to keep out the fly, not only for the benefit of the patient, but for the family, the nurse and the surrounding neighborhood. A screen should be placed on the patient's door, if possible, if not, on the dining-room door. It seems almost impossible to keep flies away when they are so numerous, and especially in rural homes, where there are so many cattle, and the cows are brought near the house at milking time and the horses at feeding time. A fly may settle on a patient, then hie away to the dining-room or kitchen or, perhaps, out to the road where the children are playing on their way home from school, eating a belated luncheon.

Children, and adults for that matter, will pick up an apple in the orchard, that has a decayed spot on it, eating it in preference to others because it is mellow, not thinking that many flies, possibly with the germs of some deadly disease upon them, have eaten from the same apple. I have seen a baby nursing from a bottle with flies swarming about the neck of the bottle. After the baby had grown tired of nursing and let the nipple fall from its mouth, the flies would swarm upon it. The mother was there, to be sure, but she was looking the other way, talking with a neighbor.

The way flies annoy helpless little babies who cannot do a thing in defense, is terrible. I think that every bottle-fed infant should be

[1] Read at a meeting of the Des Moines Registered Nurses' Association, Des Moines, Iowa, October, 1912.

placed in a screened inclosure at feeding time. I think, too, that railway companies should have at their depots a screened lunch-room for the free use of the traveling public. The poorer classes of people cannot afford to pay the present-day price of food at railway lunch-counters, and so carry their lunch with them. No doubt many of us have been in a waiting-room near such a family and have busily brushed away flies with both hands.

To quote from an address of Dr. Woods Hutchinson on, "Why is a Fly?"

> We must not blame God for the fly, for man made him. He is the resurrection, the reincarnation of our own dirt and carelessness. He is merely one of our unsanitary curses coming home to roost. He is a domestic animal just as much as a dog, cow or sheep, and he cannot live outside of the special peculiar surroundings which we and our dirtiness and the dirtiness of our barnyards and domestic animals provide for him. The fly is absolutely unknown in the uninhabited forest. . . . If we would clean up and keep clean, there would be no necessity of preaching any gospel or conducting any campaign against the fly. We provide for him, we feed him on the same things that we eat. He goes about ubiquitously.

I should like to call your attention to an interesting report from New Orleans:

> If we drain our surroundings, we will get rid of the mosquito; if we clean up our surroundings we will get rid absolutely of the typhoid fly, and all the diseases which he carries, such as typhoid, tuberculosis, the summer diseases of childhood, a certain amount of smallpox and trachoma.

In the Spanish-American war we lost four men from disease to one from bullets. In the Russo-Japanese war the Japanese lost one man from disease to fourteen from bullets. Should we let foreign countries excel us in sanitation? Soldiers are needed at all times, but they cannot fight when their physical condition is weakened by disease, and as long as we have the fly we shall have disease.

God helps those who help themselves, and while there are many physicians in the world, they cannot do all there is to be done.

The public health appropriation of the state of Iowa ranks the lowest of the states whose appropriations I have read. Doctors, nurses, Boy-Scouts, Campfire-Girls, with the laity, should work together for the betterment of these conditions.

HOW TO MEET EMERGENCIES WITH MATERIALS AT HAND

(First Paper)

By MARY A. WATERMAN, R.N.

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I was present recently when a number of New York surgeons were commenting upon some of the shortcomings of nurses who go out for private duty. It was said, among other things, that the nurse who does capital work in the operating room of a hospital, is all at sea when she is called upon to prepare a room in a private house for an operation. The old story of extravagance, of careless disregard of furniture and, as one man expressed it, "of owning the whole house and everything in it," was still, it seemed, standing as an accusation against the nurse.

Is it not possible, nay, probable, that we, teachers in training schools, in view of the pressing, immediate need of teaching our pupils to do the work of the hospital, forget or neglect somewhat to properly prepare them for this work which almost all of them will at some time or another be called upon to do?

Every text-book on practical nursing has something to say upon economy, and about the care of furniture in homes; but still you hear constant complaint in this direction. It is said, with more or less truth, that always after a nurse has been in the house, some piece of furniture has to be repolished. In fact, how many of us have had occasion to regret the advent of a graduate nurse into the private rooms of our hospital. Do teachers put proper stress upon these points? If so, why is it that so much criticism comes to our ears? It does appear necessary that we must give this matter some careful attention.

Likewise these same text-books tell about the tact necessary in order to keep the wheels running smoothly when called to private duty in a home; and yet we hear constant complaint of the disturbed condition of the whole household, due to the so-called arrogance of the nurse. We also hear the complaint that an extra servant is necessary to wait upon the nurse. There must be something very wrong when these complaints are made so often.

In view of the fact that so much has been said upon this subject by more able writers than I am, I shall make no suggestion as to how these problems shall be met, contenting myself with calling attention to the fact that they exist and are serious, but hoping that some one will evolve a remedy.

It does not appear, however, that so much has been said about the preparation of a room in a private house for an operation; and that little seems to be somewhat misleading to the newly-graduated nurse.

For a number of years the writer of this article had a small hospital in a large rural district, and was frequently called upon to go out for operations which could not be brought to the hospital, and in this way obtained valuable experience as to the best methods to pursue in the preparation of a room in a private house for an operation. It was the knowledge of this fact which prompted one of the before-mentioned surgeons to suggest that something be written for publication upon this subject.

The text-books tell us that all hangings, pictures, rugs, etc., and unnecessary furniture should be removed from the room, and that walls, ceilings and floors should be thoroughly cleaned. This is all very well, and as it should be, provided one has time to do it. If one has twenty-four hours' notice, then this can be done, and perhaps fumigation can also be resorted to, but suppose one has only two or three hours' notice, what is best to be done? My experience, extending over a period of some six or seven years of just this sort of work, is that where you have twenty-four hours' notice once, you have but two or three hours' a dozen times. Now in this case, would you take down curtains, portieres and pictures, pull up carpets, and wipe down walls? My answer is No, most decidedly and emphatically. It is a case of "letting the sleeping lion lie." If you begin such a task, you will only stir up the accumulated dust of perhaps weeks and months; and it will, if it settles at all, fall where it may do more harm than on the walls and floors. It is more or less firmly lodged where it is, but if disturbed will not have time to settle so securely. So let these things alone.

Before going to the house, it is well to talk with the surgeon, finding out just what he would like prepared for the case; and also if he has ordered anything in the way of dressings or drugs. If he has not, see to it that the family gets whatever is needed, depending of course upon the character of the operation to be performed.

When you arrive at the house, the very first thing to do is to see to the supply of water. Most likely the doctor has told the family of the patient to have some cold, sterile water. To them this may mean anything from a pint to a gallon. Satisfy yourself upon this point, and make provision to remedy any deficiency. Water can be successfully filtered by letting it strain through a thick towel in which some absorbent cotton has been placed.

The next step is to look after the supply of linen and basins or other utensils to be used for the operating room. In cities, one can rent all

sorts of things put up in sealed, sterile packages; but suppose you are out of town, what then? You must make shift with whatever you find or can borrow from the neighbors.

The wash-boiler, in which you have put four or five inches of water, will be the solution of the problem of sterile linen. Put everything that you need or, more likely, that you can find, which will answer for sheets or towels, into a swing fastened to each handle of the boiler; and cover as tightly as possible. Let them steam for as long a period as you can, putting them in the oven if possible, at the last, to dry out a little. When you have your linen in process of sterilization, get together whatever basins, pitchers and utensils you can find which will answer for solutions, instruments, etc., putting them to soak in some strong solution —lysol, carbolic, or bi-chloride. A wash-tub is as good a place as you will be apt to find, in which case one of the first-two-named solutions must be used. An ordinary serving-tray or a large platter makes a good instrument-tray; yellow mixing bowls, good solution basins; and small vegetable dishes, good receptacles for cat-gut, silk, etc. Learn to utilize all sorts of things to be found in most homes for your especial needs! Find something in which to boil the instruments which the surgeon will probably bring with him when he comes, and have water boiling in whatever you decide upon. The fish pan will answer if nothing better presents itself.

Choose a room with the best light possible under the circumstances which confront you; and having done so, make up your mind as to the best possible place in the room for tables. Then set some one the task of carefully removing such furniture as can be moved without raising a dust. If the floor is carpeted, cover it with thick layers of manila or newspaper, and over this spread sheets or bedspreads tacking them down firmly so they will stay in position. This will protect the carpet, and at the same time prevent the dust from being dislodged by many people walking about.

The next thing is the selection of a table. If the operation is upon the perineum or rectum, the kitchen table answers nicely. A sheet folded cornerwise, and twisted, will hold the knees up in place, if passed over one shoulder and under the opposite arm, tying each end just below the knee. If, however, the operation is upon almost any other part of the body, where the limbs are to be extended, this table is too short, and must, if used, be pieced out with another. A better way is to use an extension dining table. Have it wiped off thoroughly with a weak solution of carbolic acid. Pull out the extension, and place two leaves, wrong side up, lengthwise of the table across the space. Protect the polished surfaces of the table and leaves with pieces of thick cloth and

fasten them firmly in place with a bandage or sheet. This will give you a space two to three feet wide where operator and assistant can comfortably reach the patient from opposite sides. The ends of the table give a good space for instruments and the necessities of the anesthetist. Protect the whole table with a thick blanket, comforter or the silence cloth, in turn protecting these with the oil-cloth from the kitchen table, or with manila or newspaper, taking care, however, that it is done thoroughly. Over this, of course, place a sheet or sheets which should be secured to the corners of the table. An ordinary straight backed kitchen chair makes an excellent contrivance for Trendelenberg's position.

Find two or three small tables, and place them at intervals along the side of the wall convenient to the operating table. Clean and protect them as before described. Connect them by pieces of board or the leaves of the dining table turned upside down. If you cannot find any other board, the ironing board, or some of the shelves from the closets will answer. This will give you necessary space for solution basins, dressings and instruments. After getting the shelves in position pin upon the wall, back of them, some oilcloth or thick paper over which you have placed a sheet. Both of these should come from well up on the wall, down to and out over, the boards, thus protecting walls and tables. You need not then be afraid of slopping water upon expensive wall-paper, and leaving a disfiguring stain.

If you have time, cover the pictures, but this must be done with the utmost care, or dust will be dislodged.

Whatever you do, see that all polished or varnished surfaces are protected. Do not put anything very hot upon them. If you can find a marble topped table any where in the house, use it for your hot solutions. The family will say it does not matter if this or that piece of furniture is injured, and no doubt they feel so at the time; but they are very apt to blame the nurse after everything is over, and the necessity is passed. They will certainly appreciate having care taken, as very few people have more furniture than they want, and do not particularly relish having any of it disfigured. The sight of it will be likely to recall, disagreeably, the nurse.

Foot-bath tubs and slop-jars make good receptacles for soiled sponges, and for waste solutions.

It is well to have the family fountain syringe boiled and in a disinfecting solution, for it may be needed for a number of things.

If a Kelly pad is needed, and not at hand, a substitute can be made by a sheet rolled tightly and put into proper position, covering with rubber sheeting or oil cloth.

I remember one case to which I was called, one dark, rainy night. The doctor came for me, asking that I bring along with me whatever I could from my hospital. He wished to do a Cæsarean section. I knew the place, about two miles out of town. The people were foreigners with plenty of money, but no idea of cleanliness. I found the place filthy in the extreme and the necessity for great haste. It would have been madness to try to clean up anything. I just covered the dirt with the cleanest things the house afforded, and used my own linen, basins, etc., for the immediate operating table surroundings.

Another time I was called to an adjoining town for an operation. We had only three hours in which to get ready for a difficult operation, perform it, and catch the only return train for home. The only possible thing to do was to cover up dirt, and make the surroundings as clean as we could.

Still again I was asked to prepare a room in an absolutely unfurnished house. The walls were of rough, unpapered boards, and the only table was of the roughest sort. Some carpenter horses and rough boards made tables; and a few yards of oil cloth and wrapping paper from the grocery store covered the actual spaces used.

Many, many times the same sort of conditions in only lesser degree confronted me; but I do not remember that a single instance of trouble, which could be traced to fault in preparation was reported.

The hospital of which I speak was located in a town near San Francisco, California. The town was very badly hurt by the earthquake of 1906, and the fire which followed it. In fact, the earthquake, of itself, did more damage in this particular place than in any other part of the state. The hospital suffered its share of damage. Plaster was down, we tacked up pieces of cloth to keep dirt from constantly falling from the broken walls; electric lights were out; our fires had all tumbled to the ground; and worst of all, the gas works were destroyed so that our sterilising plant was out of commission. The capacity of the hospital was sixteen beds, but the actual number of patients in the hospital within a very few hours, was considerably more than twice that number; and in addition there were a number of out-patients. There were quite a number of very seriously-injured people amongst the hospital patients, for whom operation was immediately necessary. The problem of operating-room supplies confronted us. We could cook our food out in the back yard; but just how to sterilize things out there, and that was about the only thing we could see to do, seemed almost impossible. Finally a neighbor's basement, which he had used for wood and storing of vegetables and the like, was offered to us. His fire had staid up and was pronounced intact. We obtained permission from the military

authorities to use it, putting up a stove for our purposes. A wash tub and the top of an old-style Arnold sterilizer solved the problem. The steamed linen and gauze had to be carried to the hospital, as well as all of the boiled water and instruments. No bad results! Just a little patience, and the exercise of all the inventiveness we possessed, or could borrow from our friends, were needed.

This is told just to show that the nurse must always be ready to meet emergencies, and to make the best of every situation in which she finds herself.

All this holds good, not only in the matter of the preparation of a room in a private house for an operation, but in all kinds of private work, indeed even in hospitals, to a certain degree. The idea is that of making use of everything at hand, rather than constantly demanding appliances for the care of the sick, unless there is absolute necessity for them. The most successful nurse, the one who will be the most acceptable to patients, the one whom families will be most glad to welcome again and again, will be the one who makes the best use of everything at hand, under all circumstances, in every direction, in which she finds herself.

THE PROBLEM OF THE FEEBLE-MINDED

By ELLEN BERTHA BRADLEY, R.N.

Graduate of Bellevue Hospital, New York

We must all have read, with deep interest, Miss Jaquith's article on "The Menace of the Feeble-Minded!" in the January issue of The American Journal of Nursing, for it was an able and thoughtful discussion of a serious problem. Probably, we all agree with her that feeble-minded women should be segregated for their own protection and to prevent their becoming the mothers of abnormal children, but this would be only a partial solution of the problem, because of the great number of border-line cases, women unfit for motherhood, but not marked enough for it to be practicable to shut them up, and also because it would not touch the male side of the question, and would leave abnormal, syphilitic and alcoholic men to go on having defective children.

Scientific authorities are well agreed that the main causes of mental and physical degeneracy are syphilis and alcohol, twin evils so closely interwoven that it is often hard to separate them in the individual case.

In this brief article we shall take up only the question of alcohol in its relation to degeneracy, and what can be done about it.

A booklet published by the State Charities Aid Association of New York says:

Fully 30 per cent of the men and 10 per cent of the women admitted to the State Hospitals are suffering from conditions due directly or indirectly to alcohol. So marked is the effect of alcohol on the brain and the nerve tissue that it helps to bring about a number of mental breakdowns in addition to the alcoholic insanities.

Alcohol is a poison. A long series of careful tests performed by eminent authorities showed that even small quantities of alcohol may lower the mental capacity, and that it takes much longer than is usually supposed for this effect to wear off.

This is not a temperance tract. We are dealing only with scientific facts. It is difficult, however, to state the facts as now agreed upon by the highest medical authorities without seeming to preach.

T. Alexander MacNicholl, M.D., one of the founders of the Red Cross, who has for more than twenty years made a special study of the causes of degeneracy, especially among children, says:

The great burden of drink is not borne by the drinker but by the drinker's children. The germ cell that is to be evolved into another being is the most highly organized of all the cells in the body. In its protoplasm lies the material and pattern of the perfected organism. Should such poison as alcohol lessen the nutrition of the cell or impair the quality of the protoplasmic material and deface the pattern, these shortcomings and defects would be manifested in the subsequent stages of development. A defective germ cell can not evolve a normal body. This is the reason that we find a large percentage of functional and organic diseases among the children of drinking parents.

In our studies among school children in New York City we find that 62 per cent are the children of drinking parents; and that 91 per cent of these children of drinking parents suffer from some functional or organic disease. In one institution for the treatment of physical defectives a recent study shows that every patient is the child of drinking parents.

My studies during the past twenty years, continuous to date, indicate a steadily increasing degeneracy among drinkers' children. One out of every five children, born to drinking parents, will be insane. One out of every three children born to drinking parents will suffer from epilepsy and hysteria. At this rate of insanity among drinkers' children, and with an increased per capita consumption of alcoholic liquors, we must expect a very largely increased number of insane among the children of the next generation.

Frank DeWitt Reese, M.D., surgeon to the Cortland County Hospital, Cortland, New York, after describing the germ cells and their special affinity for, and sensitiveness to, alcohol, goes on to say:

Let us see what alcohol does when it begins with the grandparents. Suppose one grandparent is in the habit of drinking alcoholic beverages, moderately every day. In time the alcohol must come in contact with and damage the germ cell.

This damaged cell unites with a normal one to form an individual. One-half of that individual will be damaged to begin with, and for generations degenerate children may be born. One may be a *thief*, another a consumptive, or epileptic, a murderer, or a prostitute, and so on generation after generation. Who is to blame? The grandfather who damaged the cell perhaps before his marriage by moderate drinking. From a physician's standpoint the remedy is total abstinence for the individual, and the segregation of the cases, of those who are degenerates. [Slightly abridged.]

Dr. Frederick Peterson of New York City, in an address at Elmira, New York, before the New York State Conference of Charities and Correction, declared:

Alcohol is the chief poison factor in the production of insanity. Six thousand patients in the state of New York alone owe their insanity to alcohol. Twenty per cent of all the insane in the United States owe their condition to alcoholic poison.

In an article published in *The Lawyer's Magazine*, for December, 1913, Herbert C. Shattuck, a member of the New York Bar, tells us that Dr. Thomas W. Salmon is authority for the statement that

Examinations of birth dates of idiots and imbeciles in Switzerland show that conception occurred in a large proportion of cases at seasons of the year when celebrations of certain festivals were in progress accompanied by much intoxication. It is said that this fact is popularly recognized, and that such children are known in certain districts, as "Raumbleiber" (jag children).

A few days ago I heard this statement repeated by Col. L. Mervin Maus, Chief Surgeon and Chief Inspector of the Eastern Division of the United States Army. He is the man who cleaned up the Philippines as Colonel Gorgas has the Panama Zone and stands with him at the very head of the surgeons of the army. The choice for position as Surgeon-General, at the retirement of Surgeon-General Wood, lay between them, but Colonel Gorgas received the nomination. This I state merely to show the professional standing and authority of Colonel Maus.

I wish every one of us might have heard his address on alcohol and its physiological effect, especially on the unborn, and when taken in what would be considered moderate amounts. The presence of even a small quantity in the system of either parent, but especially the mother, at the time of conception, poisoned the child from the start. The reason, he said, why so few great men had great sons was because by being dined and wined and by the private use of alcohol most of them so fill their systems with alcohol that they poison their children at conception, killing them as absolutely as by a blow of an ax. There-

fore the prominent families die out and their places are taken by men who rise from the temperate middle classes.

But why multiply authorities for what we know all too well? The real question is: "What can we, as nurses, do about this evil? What is our share in stopping the destruction?"

It consists in just two things, example and teaching. Always and everywhere we can set the example of total abstinence and explain it by explaining that alcohol is a poison and that we do not wish to poison ourselves; that it makes us more liable to contagion, and that being always exposed to disease germs it becomes us to be careful. To expectant mothers we can speak of the necessity of keeping their systems clear of alcohol. We can warn young girls against marrying men who drink even a little, not only because a little may lead to more, but because of its probable effect upon their children; and when it is too late for that warning, we can caution them that when there has been wine for dinner, no chances must be taken of conception till it has absolutely passed out of the system of both.

No women, except doctors, have such opportunities as we to inculcate the truest information on these subjects, the sane, practical, scientific information that leads to results.

Let us do what Miss Jequith suggests, but let us also try to thus strike at the root of the Upas tree of alcoholism. Nothing will build up temperance sentiment and temperance action so well as accurate scientific knowledge, and we are a great company of women to publish the tidings.

A CALL TO THE COUNTRY

By ALICE JANE DREW, R.N.

Graduate of the Lenox Franklin Hospital, New York City

Having just returned from a long tedious case, I was preparing for a good night's sleep, when the telephone rang. It was a call, scarlet fever, in the country. Being very weary, my first thought was to refuse, but something said, "Go."

I hurriedly packed my bag, looked at the time table, and found I had thirty minutes before the last train left that would stop at W.

It was snowing very hard, but I drew on my crocheted cap and heavy ulster, and started for the drug store for a supply of carbolic. At this store is a nurses' registry. The head clerk asked where I was going. When I told him, he replied, "Well, you are brave. Dr. B. phoned here, and I told him we did not have a nurse that would take the case. Do you know, there are four children sick with scarlet fever,

and no one to help you but the mother, and she is all tired out. I tell you, it is more than you can stand." I did not wait to hear more, but hastened to the depot.

When I arrived at my destination, I went into the station, put on my sweater (which I had brought with me), under my ulster, pulled my cap well over my ears, and started out to find a livery man to take me to my patient. Fortunately the driver knew the patient, as I had no idea of the way. But the doctor had assured me over the telephone that every one knew "Pete" Reilly.

It was eleven o'clock when we stopped at the little country house. I was so cold I could hardly get out of the buggy. My ulster was wet with sleet as the wind made it impossible to hold an umbrella. It was dark, but I managed to find my way to the door. When the door opened, the stench that came forth was almost overpowering, but I hurried in. As soon as I had removed my wraps and put on my uniform, in the kitchen, I was taken up stairs. Every breath seemed more and more oppressive.

At the head of the stairs were two little rooms. In the first, a girl of fourteen, and a boy of four years of age, who had reached the desquamation stage, were in a small bed. This and a chair were the sole furnishings of the room. Leading to the next room was a narrow passageway. In this stood a stove with a roaring fire. In the second little room, in a three-quarter bed, were two children, a girl of ten, in the first stage of scarlet fever, and a boy of twelve, with diphtheria, and scarlet fever in its worst form.

My first impulse was to have a little fresh air in the room, but on opening the window the mother rushed forward, and said, "Oh, nurse, you can't do that, the doctor said to keep them warm." And this poor ignorant woman had followed his instruction. There was no thermometer, of course, in the room, but I haven't the slightest doubt the temperature was 90°.

The little girl could not remain with the brother, and as there was no other bed, we put two kitchen chairs together, put an old coat and pillow on them, then doubled the last clean sheet in the house to form upper and lower sheet, covered that with an old quilt, and put little Helen in her new bed. The seats were placed with the front to the wall, so that the backs helped to hold her in her narrow quarters.

I found the doctor's written orders, and after a chat with the poor tired mother, persuaded her to lie down on the bed with the fourteen-year-old daughter, as there was no other place to sleep, except a little bed in the ell, where there was no heat, or bedding. In a few minutes from sheer exhaustion, she was fast asleep. Judging from the sounds from

below, the father, too, was sleeping. A nurse in the house had helped to lift the responsibility.

I opened a window, top and bottom, in each room, and kept up the fire, as bedding was scarce, and the night was very cold.

I could give the two sick ones my undivided attention now, as there were no interruptions. The little girl's temperature was 101°, and pulse good, throat swollen, but no ulceration. The boy was asleep, so I got his rectal temperature without difficulty, or without disturbing him very much, 105°; his pulse was poor.

The mother had left a pitcher of milk on the top stair, which I placed in the open window, and used a bed-side note for a cover. I gave the little girl a drink and she soon dozed off. By this time the boy had awakened. On examining his throat, I found it almost closed. I sprayed it, as the doctor had ordered, every hour. I gave hypodermics of strychnine, as needed, gave a tepid bath and kept cold cloths on his head.

All through the night, and the following day and night I worked over little Helen, and "Pete," but mostly "Pete." At five o'clock the next morning I sent Mr. Reilly for Doctor B. who arrived later. Pete's heart was fast giving out. The stimulants did their work until about nine, then one more little angel was welcomed in heaven.

Meantime the convalescents had been dressed and taken down to the kitchen, where they huddled around the fire. Then Helen and her temporary bed were put in the convalescent's room. The mother cared for her, while I prepared Pete's body for burial, which the Board of Health took charge of. I also prepared the room for fumigation.

I carbolized sheets, blankets, and everything that could be washed. Other things were destroyed in a bonfire. The toilet was some little distance from the back door, so a great deal of strength was expended in disposing of the stools and urine of the four patients.

As the mother and father had taken care of the sick ones, cooking the meals, etc., it was impossible to isolate the patients, except their dishes, hence the whole house was to be fumigated as soon as desquamation ceased.

The eldest girl was quite strong and helped her mother some with the little boy. Little Helen was improving each day, and the mother thought she could take care of her. I knew that I was an extra one to be fed, that there was barely food enough for the family, and the sleeping quarters were limited, so Doctor B. said I could fumigate everything and leave. Having fumigated my things, and taken a bichloride bath, I walked to the nearest telephone and ordered a livery-stable man to take me to the station.

When I arrived at my home I entered through the laundry. There I took out all the things in my bag, took another bichloride bath, shampooed my hair, closed the laundry, and burned two formaldehyde candles which I had brought in my bag. My friend gave me a bath robe and slippers, so that all my clothes were left in the laundry, and refumigated. I went up stairs, took a hot bath, re-dressed my hair, and went to bed. I think I slept twelve hours without waking!

I have not given many details of my stay at this poor woman's home. You can imagine what it meant to nurse where there were no modern conveniences of any kind. While I was with her, Mrs. Reilly learned many things about sickness, caring for her children, and best of all, about ventilation.

LETTERS FROM A PRIVATE DUTY NURSE

VI

The Nurses' Lodge,
January —, 19—.

Dearest Mary:

Thank you so much for your lovely Christmas greeting. It meant almost more to me than usual; because I happened to be nursing—a frontal sinus case—in a lonely little country town off the railroad, where there was not even a church. The loving remembrance of my friends gave me especial joy.

Whenever I return from an absence to the Lodge, I realize what a nice place it is to live in. You know on each floor there is a dining room, kitchen and little laundry. That means that we can have clean food, cooked by our own hands, instead of the dubious food of the cheap restaurant; and, if we desire, we can keep our garments white. So much for the house keeping division. We also have our Library Committee which selects from the new publications the most interesting volumes on nursing, medicine, and social service; and the reading room book shelves are a constant source of interest, and of stimulation to a wider outlook. Our Entertainment Committee arranges a real party for Hallowe'en and Washington's Birthday, a glee club concert in January, a dance at Easter time, and a picnic in June. The Instruction Committee provides us with lectures twice a month during the school year on the latest medical and surgical methods—except that the first lecture of the New Year is by a clergyman instead of a physician. Of course we always have some notable man. I don't know whether it is for that reason, or because the nurses are keenly interested in spiritual things, but the attendance at that lecture is apt to be overwhelming. We sometimes

have the pain of empty chairs for a medical lecture; but when the clergy come, we have to depend on standing room.

Yesterday was a memorable day because the Bishop was with us. He set an inspiring note for our New Year. He told us what all religious teachers have been stressing lately, only with the emphasis of his wonderful personality, he told it with peculiar force and beauty. He said that God had set eternity in our hearts; that the selfish life was lonely and limited and tangled with transitoriness; that the Spiritual Life held the vision of the fellowship of God as its aim and end. He spoke of the ways to that fellowship, which have been trodden by the men and women who have gone before us—the way of silence, listening for the voice of God; the way of prayer, communing with Him and revealing all our lives to Him; the way of self-surrender, to follow Him whithersoever He goeth; and the way of thinking the truth, thinking the thoughts of God after Him. He staid with us nearly an hour after he had finished speaking, that we might meet him and talk with him personally. Refreshments were served and we had a most interesting time.

We cannot see green grass in the park now, it is hidden under a covering of snow; and the lake is a solid sheet of ice on which the boys and girls skate with much merriment. I have had to give up my long walks because it hurts my breathing apparatus to be out long in this bitter cold air. What with the stress of weather, the prevalence of the common cold, and the fatal character of the pneumonia that is about now, we are up against the most difficult part of the year. Things to eat do cost so much and one is so hungry this cold weather, that living is a good deal of a problem. Nevertheless, Mary, "the heart of the earth is a star."

Your mystery play must have been lovely, and I am glad the children appreciated the spirit of it so well. I wish I could have seen it.

Yours always,

Margaret.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

AMERICAN RED CROSS TOWN AND COUNTRY NURSING SERVICE

By Fannie F. Clement, R.N.

To meet the obvious need for visiting nursing in communities not reached by the large city nursing associations, the American Red Cross has organized the Town and Country Nursing Service. The direct responsibility for this branch of Red Cross work has been delegated by the National Relief Board of the American Red Cross to a special committee.

The Town and Country Nursing Service is a group of selected visiting nurses appointed by the Red Cross for continuous service in towns and country districts of the United States and to whom the Red Cross lends support in their nursing activities. Red Cross visiting nurses are assigned to duty only in communities where a local nursing committee or organization, public or private, which is affiliated with the Red Cross, assumes responsibility for the work of the nurse, as well as for her salary. A nursing organization thus affiliated, has agreed to certain other regulations as to organization and administration deemed advisable to insure the best interests of the nurse, the local organization and the community at large.

In order to maintain a uniform standard, Red Cross visiting nurses are under the general supervision of the superintendent or authorized supervisors responsible to her. This does not, however, interfere with their responsibility to the committee or organization under which their local work is conducted.

REQUIREMENTS FOR APPOINTMENT TO THE TOWN AND COUNTRY NURSING SERVICE

Hospital Training. An applicant must have had at least a two-years' course of training in a general hospital including the care of men and with a daily average of at least fifty patients during the applicants' training. Where there is deficiency of training, subsequent hospital experience or post-graduate work, with the approval of the committee in charge, may be considered an equivalent.

Graduates of state hospitals for the insane, to be considered for appointment, must have had at least nine months' training in a general hospital, either during their course of training or subsequently thereto.

Registration. In States where registration is provided for by law, an applicant must be registered.

Special Training. In addition to these requirements, which are uniform with those for enrollment as Red Cross nurses, an applicant must have had training or experience in visiting nursing or some other form of social service.

Arrangements have been made with certain visiting nursing associations and educational institutions to accept as students for a four months' course those nurses who wish to prepare for this service and who though otherwise eligible, have had not training or experience in visiting nursing. It is expected that their preparation will include at least one month with a rural nurse in order that she may come in direct contact with rural social problems before assuming responsibility in a community of her own.

Teachers College in conjunction with Henry Street Settlement, the New York City Department of Health and the Northern Westchester District Nursing Association, has provided a four months' course for Red Cross visiting nurses which includes lectures and class instruction relating to social problems of rural life. Details of this course and others for preparation for Red Cross visiting nursing will be furnished upon request.

There is a conspicuous demand for visiting nurses who have taken advantage of the eight months' courses in social work open to graduate nurses in Teachers College Department of Nursing and Health, the New York School of Philanthropy, the Boston Instructive District Nursing Association in affiliation with the Boston School for Social Workers, the Visiting Nurse Society of Philadelphia in affiliation with Phipps Institute, the Cleveland Visiting Nurse Association in affiliation with the Western Reserve University, the School of Philanthropy in Chicago and the School for Social Economy in St. Louis.

Endorsements. An applicant must be a member of an organization affiliated with the American Nurses' Association and receive the indorsement of this organization, the training school from which she was graduated and the nursing organizations or institutions where special training or experience in public health nursing or social work was obtained.

Where circumstances seem to warrant, exceptions to the above requirements will be made with the approval of the committee in charge.

LOANS

A loan fund is available for eligible nurses who wish to utilize it during a preparatory course.

APPOINTMENT CARD AND PENDANT

A Red Cross visiting nurse will be given an appointment card and will be furnished with a Red Cross pendant, which is to remain in her possession as long as she may be connected with the service, and is to be worn only while she is in the regulation uniform of a Red Cross visiting nurse. This pendant, as also the appointment card, is to be returned when her connection with the Town and Country Nursing Service has ceased.

ASSIGNMENT TO POSITIONS

Whenever possible, option will be granted nurses as to the locality in which they will work. Although the assignment as well as dismissal of Red Cross visiting nurses is made by the Red Cross, whether they retain their positions or not, depends upon the recommendations of the affiliated organizations by which they are employed and to which they are directly responsible.

Any nurse assigned to a community may leave during the first three months, but after that time she is expected to remain throughout the year except in case of serious illness or other justifiable cause, or unless the local committee or organization wishes to make a change. Any time after the first three months if she desires to be relieved from duty or to be transferred to another locality, she is expected to notify the Red Cross at least two months in advance.

An affiliated organization when wishing to make a change in nurses is expected to notify the Red Cross and the nurse one month in advance.

DUTIES

Red Cross visiting nurses are expected to take an interest in the general welfare of their patients and as far as possible to improve the environment of families which they visit. They should be ready to cooperate with public officials and aid in private endeavors to serve the community as a whole as well as the individual patient. They have opportunity to take the initiative in various branches of public health work. Where agencies for community service do not exist, Red Cross visiting nurses are often called upon to assist in their organization.

A knowledge of driving and riding horses, and sometimes the use of a bicycle, is necessary in some communities.

Nurses are expected to provide themselves with aprons, uniforms, hats and coats of a pattern prescribed for Red Cross visiting nurses, which they shall wear when on duty. Patterns for regulation uniform and apron will be furnished by the Red Cross. A fully equipped bag is usually provided for their use by their nursing association.

HOURS OF DUTY

It is not expected that under ordinary circumstances Red Cross visiting nurses will be called upon for night duty, but in cases of emergency where this is necessary, provision is usually made by the nursing organization for the care of patients during the day. On Sundays and holidays they will visit only such cases as require special or immediate attention. Where local conditions warrant, arrangements are often made between the nurse and her committee for a half day off duty each week, and for any further provision for rest or recreation that may appear necessary.

VACATIONS

Red Cross visiting nurses receive thirty days' vacation annually with pay. This vacation is to be devoted to rest.

SALARIES

The salaries of Red Cross visiting nurses range from $60 a month upward, varying according to local conditions and the experience of the nurse engaged. It is the aim of the Red Cross to place nurses who are well qualified for their work where they will receive suitable financial recognition. Payment of an annual increase in salary is recommended by the Red Cross to the community employing a visiting nurse, in order to maintain an efficient and permanent staff.

It is the far-reaching purpose of the Red Cross to secure the most efficient and devoted visiting nurses for community service in towns and rural districts where great opportunities for educational and humanitarian work abound. Touching as it does almost every phase of human interest and including every member of the community, no other field of service presents broader opportunities to experienced visiting nurses, to enrolled Red Cross nurses, to private duty nurses or undergraduates where choice has not yet been made. This work should appeal particularly to those who enjoy life in the open country, who are in sympathy with country people and are ready to help meet their needs.

Further information concerning courses, loans, etc., will be furnished upon application to the Superintendent, Red Cross Town and Country Nursing Service, 703 Union Trust Building, Washington, D. C.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

PROVISIONAL PROGRAM FOR THE INTERNATIONAL CONGRESS, 1915

May 29 and 30. Informal receptions to visitors.

Monday, May 31. International day. Morning: Business Meetings. Afternoon: Ceremonial of Greetings and Admission of New Members. Reports from Affiliated Countries.

Tuesday, June 1. Opening of Congress. General Program Morning and Afternoon—Section Meetings. State Registration and Allied Subjects.

Tuesday Evening. Public Meeting in San Francisco, on Training School questions.

Wednesday, June 2. Education Day. Morning: Section Meetings. Afternoon: Outdoor Meeting in the Berkeley Greek Theatre. Presentation of gifts to the Florence Nightingale Memorial Chair of Nursing and Health.

Thursday, June 3. Public Health Nursing Day. General and Section Meetings.

Thursday Evening. Banquet.

Friday, June 4. Morning Sessions: General Program.

Friday Afternoon and Saturday. Sight-Seeing Visits.

A special train will carry delegates and visitors from New York to and from San Francisco, visiting the chief places of interest on the way.

ITEMS

A great victory was scored for the British nurses who are working for registration, when, on the first reading of their bill in the House of Commons early in March, it received a majority of 229 votes. However, the second and third readings are still to come. The bill was introduced by Dr. W. A. Chapple, M. P., who made an admirable speech in its behalf. Mrs. Fenwick has been working night and day for it.

Sister Agnes Karll writes to the *British Journal of Nursing* that there are twenty nurses at the College in Leipsic this winter, and that Sister Agnes Meyer, who has just returned from a fifteen months' visit to

America, where she has worked with Miss Maxwell at the Presbyterian Hospital, New York, and Miss Sara Parsons at the Massachusetts General, and taken various courses at Teachers' College with Miss Nutting, has been giving a course of lectures. Sister Meyer cannot say enough of all the kindness she has received from her American colleagues, and Sister Korff reports that the instruction she has given to the nurses at Leipsic is a splendid result of her American studies.

COÖPERATION OF NURSES

The Cancer Society has recently made special efforts to enlist the coöperation of nurses and nurses' organizations in its work. It is believed that the instruction of nurses as to the essential facts in regard to cancer, particularly in women, will be of special value in leading to a more general dissemination of information in regard to the symptoms, diagnosis, treatment and prevention of this disease and the great importance of early recognition and operation. A circular letter was sent to all nurses' training schools, clubs and settlements in New York City asking that lectures to nurses on this subject be arranged. Favorable responses were received and recently the first of a series of meetings and lectures for nurses was held at the Henry Street Settlement, of which Miss Lillian D. Wald is head worker. About eighty nurses of the settlement staff were present. Another meeting will be held in May for the benefit of the several hundred visiting nurses of the New York City Department of Health.

These facts were submitted by the Cancer Society to the three national nursing organizations recently meeting in joint convention at St. Louis, namely: The American Nurses' Association, The National League of Nursing Education, and the National Organization for Public Health Nursing, and the official coöperation of the nursing profession throughout the country is hoped for.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

The editor of this department has so often been asked to furnish lists of books helpful to a public health nurse, struggling with knotty problems in a somewhat isolated situation, that she offers the following list and comment hoping it may be of assistance to other nurses who have been too busy to write:

DISTRICT NURSING

HUGHES, AMY. *District Nursing*

LOANE, M. *Outlines of Routine in District Nursing.* (Both English publications but very useful to an American nurse, particularly the latter.)

SOCIAL SERVICE

CABOT, RICHARD. *Social Service and the Art of Healing.*

CANNON, IDA M. *Social Work in Hospitals.* (The former is an inspiring book that teaches us to recognize patients as human units, not as numbered symptoms, housed in a hospital ward or attending a certain clinic. The latter is an interesting history of the hospital social service movement as well as an exact, well-planned guide-book that should be carefully studied by every public health nurse, for it is as helpful to nurses in the field as it is to workers in hospital out-patient departments.)

PRINCIPLES OF RELIEF

RICHMOND, MARY. *The Good Neighbor. Friendly Visiting Among the Poor.*

COYNINGTON, MARGARET. *How to Help.*

DEVINE, E. S. *Principles of Relief.* (The last is a textbook and a good one with which to start a library, for the treatment of various relief problems is carefully discussed, special case-histories given and emergency relief in national disasters is described in detail. Relief-giving can never perhaps be one of the exact sciences, but there are certain fundamental precepts which no worker can afford to ignore and Dr. Devine's book is good reading for all time.)

The first three books, to be read in the order given, are more popularly written and for one new in social work, should be read first.

SCHOOL NURSING

HOAG. *Health Index of School Children.*

CORNELL. *Medical Inspection of School Children.*

ALLEN. *Civics and Health.*

Last two very good for reference reading; first is a simple manual for teachers and nurses, but covers the subject in a very practical fashion.

KINGSLEY. *Open Air Crusaders.* (Especially helpful in out-door school work).

NEWMAYER. *Medical and Sanitary Inspection of Schools.*

TUBERCULOSIS

Whitney. *Open Air and Sanitorium Treatment of Tuberculosis.* (Best and most complete small volume textbook published on subject.)
Knopf. *Pulmonary Tuberculosis.*
Cox. *The Great White Plague.* (Popularly written. Helpful in preparing simple tables or practical instructions for patients.)
Cammerer. *Fresh Air and How to Use it.* (Of special help to out-door sleepers.)

IMMIGRATION

Antin. *The Promised Land.* (Biographical, Jewish.)
Steiner. *On the Trail of the Immigrant. Ebb and Flow of the Immigrant Tide. Against the Current.* (Biographical, Jewish and Slavish.)
Ravage. *Our Slavic Fellow Citizens.*
Ostrogorsky. *Dr. Rost.* (Jewish. Short stories.)
O. Henry. *The Four Million.* (Short stories. Life in a big city.)
Loaiza M. *The Next Street But One. An Englishman's Castle. The Common Growth.* (Visiting Nurse sketches written by a former English Visiting Nurse.)
Lawrence, Clara. *Just Folks.* (Fiction. Chicago West Side.)

HISTORY

Moore. *The London Hospital.* (Wonderfully interesting history of one of the world's greatest hospitals, established 1740, in which Dr. John Blizard, founded 1791, the Samaritan Society, the forerunner of hospital social service.
Nutting and Dock. *History of Nursing.* (There are 69 references to dooscenes and district nursing in these volumes.)
Tooley. *Florence Nightingale.* (Popular.))
Cook, E. T. *The Life of Florence Nightingale.* (Two vols.) (Contains many references to district nursing. Wonderfully interesting reading.)
Devereux, Marguerite. *What Social Workers Should Know About Their Own Community.* (Pamphlet 5¢ published by Russell Sage Foundation. Suggestive and particularly valuable as a guide to a study of local conditions.)
Sharp, Agnes. *The Charity Visitor.* (A hand book for beginners.)

All of these books should be in public libraries but if they are not found there, librarians may, perhaps, be induced to order them. In towns where this is out of the question, the local hospital might be given a book shower.

Current publications of help and interest to public health nurses are the pamphlets of the Children's Bureau, Washington (Care of Children Series No. 1., Bureau Publication No. 4. "Prenatal Care," by Mrs. Max West, should be given to every expectant mother in the land), *The Survey*, the *Journal of Outdoor Life*, and the *Public Health Nurses' Quarterly*.

There are, of course, many other books and numerous publications but further reading will suggest itself to the reader of every one of these books, and to make a beginning, one must start somewhere.

ITEMS

MASSACHUSETTS. In the eighth annual report of the Social Service Department of the Massachusetts General Hospital, Dr. Cabot brings to our attention the "Emergence of the Personal" in medical social work and also produces a report that proves his contention that the personal equation is of the utmost importance in all good work. This is yearly one of the best annual reports published; the fortunate owner of the preceding seven should have them all bound and presented to a school for public health nurses. Each one differs from its predecessor and each is a mine of information, suggestion and untried possibilities. This year emphasis is laid on the dominance of the personal note in good social work, the trained, kindly, farsighted worker who studies each patient brought to her notice as a person, a bunch of human idiosyncrasies that must be understood and correctly diagnosed before he can be wisely directed and kept going straight.

Work for the handicapped man, for instance, is a great deal more than putting such a person in a suitable job. He must be helped to find it himself and then he must be urged to keep it. Economic and industrial forces and the insidious belief that the world owes every one a living, would keep these unfortunate men "on the town" forever, but character can't be developed by these means; consequently the results desired by workers with the handicapped can only be obtained by personal influence, personal touching and a genuine personal interest in the success or failure of each member of this large group.

This is equally true of all other departments of medical social work. To get the best results the psychology of each patient must be studied as a distinct problem, or, as Dr. Cabot says, "With the perception of personality will come medical efficiency far beyond that now achieved by mechanical and chemical methods alone."

NEW HAMPSHIRE. The Concord District Nurses Association has just issued its fourteenth annual report, a publication of unusual interest to nurses working in or near rural districts. For local color, human interest and honest desire to make the sick comfortable this report is difficult to equal. The retiring president, Mrs. Frank S. Streeter, makes every reader of her annual address feel the growth of the work, the accomplishments of the nursing staff and the support of the directors. This last report is of particular interest, as Mrs. Streeter reviews the progress of the society from the time of its first nurse to its present staff of six graduate and two pupil nurses. The society is branching out into surrounding villages, has introduced school nursing and infant welfare work in Concord and has a most enviable record as a

civic force in its state. Public health nurses in cities of 20,000, more or less, will get a great many valuable suggestions from this report. The superintendent, Molly B. Smith, will probably be very glad to forward copies of it.

WASHINGTON, D. C. The United States Public Health Service has recently issued a small pamphlet, 5 cents, entitled "The Care of the Baby." It was prepared by a committee of the American Association for the Study and Prevention of Infant Mortality and is just the sort of reading that can be shared with district mothers. Copies may be obtained from the Superintendent of Documents, Government Printing Office, Washington. Nurses who plan to distribute these pamphlets in their preventive or pre-natal work, should make sure that every woman receiving one reads it carefully. So much printed matter is being handed out nowadays, that unless a nurse follows its distribution very carefully, much of it is entirely wasted, misunderstood, or not read at all.

Marion Steele Nicholson (Boston City Hospital) formerly a Henry Street visiting nurse, has recently gone to Washington as Registrar and Office Manager of the Washington District Nursing Association.

ILLINOIS. The Chicago Health Department has redistricted the city. It is now divided into 100 districts, with a school nurse and medical inspector in each. Quarantine regulations have been made much more possible to follow, and by using the 100, 50 and 25 inspector and supervisor plan, the new map of the city makes the work particularly easy to follow up.

The Infant Welfare Society of Chicago, Minnie H. Ahrens, R.N., director, has recently been made the beneficiary of the interest of the World's Fair Fund, of which Mrs. Potter Palmer is president. The interest will amount to more than the support of three stations and three additional nurses annually. The association is planning a very wide-spread advertising campaign during the last week of April. The Women's Auxiliary has been unusually busy and has organized a committee of helpers in every ward in the city. Prominent firms and citizens have promised their help, and the campaign will surely bring in a lot of money, with which this association may carry on its well-founded work.

VIRGINIA. The work of the Roanoke Free Medical Dispensary and Visiting Nurse Association has so increased that two nurses are now employed on its staff. Annie R. Thomas, R.N., York Hospital and Dispensary, York, Pa., is assisted by Virginia R. Parsons, R.N., Mercy Hospital, Baltimore, Md. An hour in the morning and afternoon each, is devoted to the dispensary patients, the remainder of the day to outside patients. Clinics for tubercular and other cases are held at stated hours

during the week by the different physicians of the staff. The Metropolitan Life Insurance Company employs the services of the visiting nurses for their sick policy holders. The Visiting Nurses' Association cooperates with the Associated Charities, The King's Daughters' Circles and other organizations of the city. Thus are the material needs of the patients supplied when necessary. The greatest hope of the visiting nurses is to reach more homes.

The New Jersey State Board of Examiners of Nurses will hold the first examinations for the registration of nurses at the State House, Trenton, on June 16, 17, 18, 1914. Applications must be filed fifteen days prior to June 16, 1914. Information and application blanks can be procured from the secretary-treasurer, JESSIE M. SHAW, R.N., 457 Orange Street, Newark, N. J.

The Montana State Board of Examiners for Nurses will hold the annual meeting for the Examination of Nurses for Registration on June 1, 1914, at 9 a.m., at the State House at Helena. By order Secretary, N. LAURA BRUNETT, R.N., 124 East First Street, Butte, Montana.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

VARNISH FOR SURGEONS' HANDS.—In the *Medical Record*, Dr. Elsie McDonald recommends a varnish for coating the hands which is impervious, sterile and easily applied and said to be far superior to rubber gloves. It is composed of a base of pyroxylin (soluble cotton), dissolved in amyl acetate and acetone with the addition of propyl and ethyl alcohol and other ingredients. The exact formula is not given.

THE PAINS OF DEATH.—The London letter of the *Journal of the American Medical Association* says that these pains are a popular and not a medical belief. The difficult breathing suggests a struggle, seemingly painful. In fact the accompanying asphyxia produces stupor which ends in coma. Sir Henry Morris points out that it is easy to relieve the difficult breathing common to many conditions by turning and keeping the patient on one side. Where paralysis exists the paralyzed side should be downward, enabling the upper lung to act freely. He thinks that in some cases of apoplexy, patients have died from being kept on the back, rather than from injury to the brain, suffocation coming from the position.

SOUR MILK IN DIPHTHERIA.—A correspondent in the same journal recommends swabbing the throat of a diphtheria patient with sour milk when other means are not at hand. In no case should this method supersede the use of anti-toxin as soon as possible.

TOBACCO SMOKING AND MENTAL EFFICIENCY.—In a test reported in the *New York Medical Journal*, it was found that tobacco smoking produced a decrease in mental efficiency of 10.5 per cent. The three greatest losses were in imagery, perception and association. Cigarettes were the most injurious. Pyridine seemed to be the principal toxic factor in all tobacco smoke.

NURSING WOMEN.—A French medical journal says that the effect of the child sucking the breast is the best stimulant to increase the flow of the milk. Some children have a congenital intolerance for breast milk and cannot assimilate it. Cabbage eaten by the mother may occasion diarrhoea in the child. Abuse of chocolate may also injure the baby. Supervision of the diet of the nursing mother is important.

PITUITARY PREPARATIONS AFTER CHLOROFORM.—Dr. T. W. Harvey, in the *Medical Record*, recommends the hypodermic injection of pituitary

extracts, 0.5 to 1 cc., beginning either immediately after or about four hours after operation, for the relief of gas pains in abdominal operations. The immediate effect is to cause the patient to pass urine, so it may supersede the catheter. It stimulates peristalsis so that the patient soon expels gas. There is no pain, and morphin is not required. It is useful in cases of fecal accumulation in the colon. It has proved valuable in suppurative peritonitis.

Tubercle Bacillus in the Feces.—The same journal believes it to be as important to disinfect the stools of tubercular patients as to disinfect the sputum. The danger of contaminating water supplies is really greater than in the case of the typhoid bacillus because of the greater resistance of the tubercle germ. The swallowed sputum is the most probable origin of these organisms, though ulcers are often found in the intestines at autopsies.

Whooping Cough.—A writer in a German medical journal relies chiefly on nourishing food and out-of-door life in the treatment of this disease. Sedatives may be given as indicated. If change of air is necessary, care should be taken not to spread the infection. Direct contact is necessary to do this, the contagion being carried by the sputum alone.

Training the Left-Handed.—The *Journal of the American Medical Association*, in answer to a correspondent says that left-handedness seems to be hereditary and it is not wise to attempt to change the condition, as this is greatly to the detriment of the children in all their handiwork. The left hand should be trained exactly as the right hand is in ordinary children. A distinguished physician has said that this condition occurs in children who see more clearly with the left eye than with the right and therefore use the left hand as in the line of vision.

Early Anesthesia.—The same journal says, in a quotation, that anesthetics were experimented with almost as zealously during the latter half of the thirteenth century as during the latter half of the nineteenth. The experimenters were probably not so successful as we have been, but they did succeed in producing insensibility to pain, or they could never have operated to the extent which they did. Tradition shows that Da Luccas had invented a method that left little to be desired in this matter.

Care of Surgical Patients.—There are some valuable hints in a paper in *The Medical Record*, emanating from the Mayo Clinic. In dilation of the stomach after excessive vomiting, the patient should be prone in bed with a pillow under the hips. Press means turned on the chest, face downwards. Quite frequently this immediately relieves the condition. A simple expedient to assist the patient to expel mucus from

the respiratory tract consists in holding him upright in bed, firmly supporting the abdomen by encircling the waist from behind. Braced in this way, the patient can usually cough up the mucus. In difficult urination, it is better to get the patient out on the side of the bed than to use a catheter. Cystitis is a bad exchange for any disability he may have been relieved from. In lung complications keep up the body heat, giving all the fresh air available. Postural drainage is recommended. In cases of perforated appendix, with peritonitis, if the patient is kept well up in bed, lying to the extreme right side, he has a better chance of recovery. Frequent changes of the wet dressing are necessary. In phlebitis, rest and the application of local heat are the chief reliance.

Sale of Mercury Restricted.—The Board of Health of New York City has forbidden the sale at retail of bichloride of mercury in the dry form except upon the prescription of a physician or veterinary. It must be dispensed in tablets of a special form and color, labeled poison, and contained in a sealed glass bottle, conspicuously marked poison in red letters.

Asthma.—Dr. B. C. Davies, in the *Journal of the American Medical Association*, suggests this is not a disease but a reflex symptom arising from irritation of one of the nerve centers. He believes the cause to be spasm of the circular muscular fibers of the bronchial wall, resulting from irritation. Uterine disorders may be the exciting cause, also indigestion, requiring food restriction and a well-fitting belt support, when the abdominal walls are lax. Adenoids and diseased tonsils may be contributing factors. Instead of treatment with drugs, the cause should be sought and removed.

The Educated Person.—Oliver Wendell Holmes defines the educated man not as one who knows everything but as one who knows where to find what he wants to know. Hence the use of compendiums, dictionaries, etc.

Tuberculosis as an Infective Disease.—In an article in *The Lancet*, it is contended that infection takes place largely in infancy and early childhood. It is stated that direct communication from one human patient to another does not occur in adults under good sanitary conditions, with the possible exceptions of a few instances in which there has been very close and prolonged contact. Under bad hygienic conditions direct infection may occur, children being especially susceptible.

Rehabilitation of American School Children.—The *Journal of the American Medical Association* reports an address on this subject before the Schoolmasters' Association of New York. The speaker opposed the idea that the work required of boys in school caused nervous or mental breakdown. He insisted that as compared with foreign

schools too little work was required and too little time devoted to the courses of study. Mental work is not only healthful to the growing child but really beneficial. The brain is the best protected organ of the human body. It and all its tissues rest one third of the day. Given a healthy child, living in healthy surroundings, mental work may be pursued without injury.

THE TRAINED NURSES OF THE FUTURE.—In a thoughtful paper in the same journal, too full of points to be easily condensed, it is stated that the demand for legislation creating state boards of examiners to regulate the practice and to legalize the practitioners of nursing, may be taken as an acknowledgement of the relation of the nurse as a social servant in the state, whose capacity to serve in a calling which involves the health and life of its citizens, should be attested by the license of the commonwealth. The university schools for nurses guarantee that the student's educational interest shall be paramount and that the pupil nurse shall not be exploited for the benefit of the hospital. The university degree of Graduate of Nursing is conferred by the Board of Regents. The University of Minnesota is the pioneer of this movement.

The *New York Medical Journal* states that the following resolutions in reference to operations upon the tonsils have been voted by the Public Health, Hospital and Budget Committee of the New York Academy of Medicine:

Resolved, That it is the sense of this committee that all operations on the tonsils should be performed in hospitals or in such dispensaries as are provided with operating rooms and with recovery ward facilities.

Resolved, That private hospitals of the city be requested to co-operate with the health department of the city in the operative care of children with enlarged tonsils and adenoids; that these hospitals provide proper and adequate facilities for such cases, and that the city compensate the hospitals for this special service; and, further, that the public hospitals be requested to provide similar facilities without special compensation.

LETTERS TO THE EDITOR

VALUE IN RARE OLD STAMPS

DEAR EDITOR: In my communication on this subject in the March JOURNAL I am made to say "from $7.50 to $12." Permit me to make a correction. It should read "from $7.50 to $1250" (twelve hundred), this being the value placed upon a "Millbury."

Pennsylvania. M. E. H.

A NEAT WAY TO LABEL BOTTLES

DEAR EDITOR: Here is a suggestion for a way to keep bottles looking neat and uniform. Take a fine paint-brush, No. 2, and black enamel paint for white or transparent bottles, and white paint for black or dark bottles. Print the label on in neat letters just as you would write on a label with pen and ink. See that those using the bottles are careful not to pour from the label side. Also, when wiping the bottles, do not rub hard over the letters. You will find that your drug closet always looks neat and tidy and there will be no more removing and restocking of labels.

Michigan. H. R. G.

FEE FOR PREPARING A BODY AFTER DEATH?

DEAR EDITOR: I would like to hear from my sister nurses in regard to charging an extra fee for laying out the body after death. I do not sanction it, and have never done it, but I know that a great many nurses, whom I highly esteem, do it. We have had some arguments about it, and I have asked them: why not charge an extra fee on leaving the patient well? That, to my way of thinking, is far more to our credit than the termination of the case by death. My opinion is, that we are paid by the day, and whatever happens in that day we are called upon to do.

Massachusetts. M. A. M.

THE EMERGENCY BOX

DEAR EDITOR: When emergencies arise in hospitals, delays often occur and valuable time is lost, getting hypodermic stimulation. To obviate this, we have in the medicine closet of each floor and ward, a small box containing the following: a hypodermic syringe, medicine glass, small piece of absorbent cotton, cardiac and respiratory stimulants, and amyl nitrite pearls. A choice of stimulants may be made but we find strychnine, digitalin, nitro-glycerine, whiskey, ether, camphorated oil, atropine, and morphine, useful. The box is labeled, "Emergency Outfit—any empty or broken bottle to be replaced at once." This is so kept as to be always accessible. It is helpful to have a drill occasionally, asking to have the box brought out and a hypodermic prepared, thereby testing the skill and rapidity of the nurse as well as her knowledge as to its whereabouts and use.

Washington. A. G. S.

CORRECTIONS

DEAR EDITOR: In the March copy of *The American Journal of Nursing*, a very misrepresenting report is given of the hearing on the Society Nurse Bill at Albany,

on February 17, last. Nothing therein especially concerns me except the statement, which, as you are aware, refers to me, namely: "A Miss Fisher, who, though a college graduate, spoke against education as desirable for the nurse." The statement is absolutely false. What I said was this: "It is not amount of education so much as character, that makes people agreeable or desirable companions. Great as are the advantages of education, personality means much more in the nurse and should have first consideration. Some of the finest nurses in the profession have had only a grammar school education. Moreover, those who would ask the higher educational requirement, admit that it is impossible. There are not enough applicants who have had it."

No one knows better than I the great advantages that education brings, for I have enjoyed the best educational opportunities myself. I am not so blind, however, as not to know that without a proper personality to build on, education can accomplish comparatively little.

Massachusetts. ANNETTE FISHER, A.M., R.N.

DEAR EDITOR: My attention has been called to the fact that in the March 1914 number of *The American Journal of Nursing*, on page 512, appears the statement that among those opposing the Nurses' bill was,—Mr. Stillman, Proprietor of a short course school in Albany. This is incorrect as I am not proprietor of any short-course school, although President of the Board of Directors of the National Training School for Certified Nurses. I have no financial interest in the school other than that which any other of the Directors possess. The school is not conducted for commercial gain but is in the nature of a philanthropy as no profits accrue to any one, and the twenty-four physicians who lecture at the school do so without any compensation whatever. No officer or Director of the School receives any compensation or revenue of any kind.

Kindly let me know if you will correct this statement in your *Journal* in as conspicuous a manner as the statement was made, in the interest of fair play?

Albany, N. Y. W. O. STILLMAN (M.D.)

PROTECTION TO THE NURSE IN OUTDOOR CASES

I

DEAR EDITOR: In your February number was a letter asking others to write regarding nurses caring for pneumonia patients having fresh air treatment. I have been interested in this subject for some time, especially since the death of a young nurse, who in freezing weather was told to keep all windows open. After six days of such exposure the poor nurse came home with congestion of the lungs and four days later was dead. Why is it necessary to take one life for another? In another family having two nurses, who besides their own clothing were man's overcoats, two members of the family had to be taken to the hospital suffering from exposure, while the nurses afterwards said that it was a month before they were warm again. The patients died. From my observation of the patients in the general wards, where the air was kept as fresh as possible, we had more recoveries than in our private rooms with freezing air. Having recently had an experience of my own with congestion of the left lung, I noticed that as soon as the temperature of the room became the least bit cold and before I felt any difference in other parts of

my body, my respiratory organs became irritated and a constant cough remained until the room became warm again. Nurses have made like remarks to me regarding their patients, as to the fact that patients have irritating coughs which subside when the windows are lowered.

I have often wondered just how long the physicians who order all windows open in very cold weather, would themselves remain in the room.

Connecticut. J. T. R.

II

Dear Editor: In the last edition of the JOURNAL, someone asked for advice as to personal care in nursing pneumonia by the fresh-air method. My advice is to try more clothing. Two light-weight suits of underwear give more warmth than one heavy suit. For those who cannot wear wool next the skin, one suit can be of cotton and the other of wool, long in sleeve and leg, and high in neck. Two pairs of stockings, thin cotton ones inside, with wool ones outside; a long flannel petticoat; a paper vest and flannel-lined aprons will all go a long way toward making the nurse comfortable on such cases. I know for I have tried it. I can hear protests of "looking like a bag with a string tried about the middle," but which is better, to be shapely, cold and sick, or unshapely, warm, and well? I have heard of nurses caring for open-air pneumonia cases wearing no heavier clothing than they did in July and August, aside from a sweater, and that, too, in a climate where the thermometer drops below zero occasionally. And then they wondered why they were ill.

Rhode Island. J. G. H.

III

Dear Editor: In reply to "Registrar," asking for a free discussion as to ways and means of maintaining a nurse's comfort and health in nursing open-air pneumonia cases, I would like to tell about a patient of mine. She insisted that there must be some other way to furnish her with oxygen than by opening wide the house, thereby freezing family and nurse, besides causing her great discomfort from the weight of clothes and the water-bottles necessary to keep her warm. So vigorously did she protest, that soon a tank of oxygen was secured, and I was directed to give her a light inhalation for fifteen minutes out of every hour. The wisdom of this move was apparent at once. The condition of the patient indicated that she was receiving a far better supply than before. The room being warmer, covers and hot water-bottles could be removed, while the patient could be turned without being chilled by cold air or my hands. A tank of oxygen lasts a long time, given in this way, and it has proved its worth to me in the early stages of the disease. I am sure, if the family felt that they could not afford it, I would much rather provide it myself, than to suffer such discomfort or endanger my health. Most doctors have but a vague idea of the demands on a nurse's strength and time in a well-cared-for pneumonia case. Surely nurses cannot risk their best asset, good health, and each one, in some way, without making herself too obnoxious, should insist on proper protection for herself while serving others. One thing is certain, we shall all do our best for the doctor, who at all times looks after the comfort and welfare of his "right hand man."

New York. R. A. M.

NURSING EDUCATION AND EARNING POWER

DEAR EDITOR: Miss Ruth Brewster Sherman's article on "Education and Earning Power" seems to me dangerously misleading. In the first place she fairly discounts in her paper all other branches of nursing work except private nursing.

In the executive field of hospital work there are hundreds of positions paying from $600 a year, with maintenance, (fully equal to an extra $600), and a month's vacation, up to $2000 with maintenance (equal to whatever a comfortable suite of sitting-room, bed-room, bath, laundry and board would come to. These positions are won by well-educated nurses with good natural abilities, in periods varying from two or three years after graduation for the lower positions; up to ten or fifteen years' graduate experience for those holding the most important positions.

Let us consider the statistics of one hospital which may be considered fairly typical of many of our large hospitals caring for 200 or more patients.

There are thirteen graduates employed, at salaries ranging from $600 a year upward, with maintenance. There are fourteen new graduates at salaries of $480 to $600 with maintenance. Of the forty graduates outside of the hospital who are doing institution work, who were graduated since 1910, there are thirty who are earning $900 or $1000 with maintenance, and ten of the recent graduates are earning from $600 to $800 with maintenance.

Of the outside graduates in institutions, at least sixty are earning from $1200, to $2000 with maintenance (which means a suite of rooms, board and laundry). In hospital positions there is usually no expense for dinners.

There is a great demand in the other branches of nursing work for instructors, supervisors and directors; positions that carry very good salaries.

I believe that nursing offers better opportunities to women of average ability, good character and training than any other profession and that it offers better opportunities in proportion to time and money invested to women of exceptional ability, than any other profession. This leaves out of consideration people who have some extraordinary talent.

In the *Journal of the Association of Collegiate Alumnae*, of April 1912, one gets the following statistics concerning college graduates: of those teachers receiving salaries of between $700 and $800 (without maintenance), 37 per cent have been working ten years or less; 23 per cent more than 10 years; of those receiving salaries from $1100 to $1200, 65 per cent have worked over ten years; of those receiving $1200 to $1500, 41 per cent have worked over ten years. Of those doing social service work, the average salaries range from $600 to $1200 and these are not received, usually, until the third or fourth year. Of those engaged in secretarial work, one-half receive less than $1200, and that not usually until after three or four years. Of six who took up nursing, two receive $1200 or more during the first and second years.

I cannot make these statistics agree with Miss Sherman's statement that the college-trained woman in other professions in the long run "usually earns more" and "reaches a greater earning capacity at a much younger age than a nurse can."

If Miss Sherman is comparing the other professions with private nursing only, perhaps her statement may be accurate, but whose fault is it that private nurses do not increase in earning capacity as they increase in experience. How many have tried a sliding scale and have dared to compete on merit?

It is a pity that so many of the older graduates cling to their memories of what

was in the earlier days of their training, instead of keeping in touch with the development and improvement in our schools! E. M. of West Virginia, writes as if she thought all schools are now and ever will be of the type she trained in.

Florence Nightingale, the most cultivated woman probably that has ever trained as a nurse, did not do her great work in the destructive spirit of criticism but in a constructive spirit, trying to cast aside what was bad to make room for what was better.

Massachusetts. SARA E. PARSONS

LETTERS FROM NAVY NURSES

III

DEAR EDITOR: The arrival of the transport is the event of greatest interest, bringing new faces, mail from loved ones and friends, and the JOURNAL, our connecting link with professional activities. The day is prolonged indefinitely until we receive, and read our mail; and then follows the writing period. Our answers are carried to Manila on the next transport. No wonder Sister says the dates on my letters make her dizzy! And real answers mean repeated questions, since the subject matter of the home letters has long since been forgotten. Only those who have been isolated, as we are, can form any idea of the avidity with which we receive "news" and how catholic we become regarding the kind of news.

The Chamorros continue to be very kindly disposed toward us and there has not been the slightest friction with the native nurses. We are obliged to teach by practical demonstration and when a treatment is learned or a system established, everything runs smoothly. Let there be the least change, however (such as a different hour for a medication), and a great disturbance is felt. I doubt if we shall ever be able to have them use any other than a 1-2000 bichloride solution!

The babies have improved wonderfully under a more methodical system of feeding and cleaning and the mothers show their appreciation by appearing at our quarters with a live chicken, some eggs or flowers. Usually these articles are silently thrust upon us and the donor beats a hasty retreat.

The dress of the young native women has been changed "by order of the governor." Formerly these school girls wore trains, but short skirts for small girls are now in vogue. I have not been able to discover that there is a distinction in caste. In Tutuila, you know, the pure blood women never attempt any deviation from the native costume, but it may be there is no pure strain left in Guam.

We have assisted at three laparotomies; the last was a native of Trinidad whose three hundred pounds did not prevent her from riding a bicycle. All have been tractable patients, they are doing well, and the medical officers seem particularly pleased with the result.

Miss E., one of the teachers, asked for some sewing for the schools. We cut out about three dozen gowns which are to be distributed among the pupils. The women patients are also helping, and crib sheets are being rapidly made, but I doubt if we shall ever catch up with the demand. We are testing the sewing possibilities of the Islanders in another way. Miss C.'s trunk did not arrive and has not yet materialized. We obtained drilling from the stores and have found a Japanese tailor who has attempted the uniform shirt, while a kindly native woman has earned our gratitude and money by making the waists.

"Spare the rod and spoil the child" is the law of the Islands, and our doctors have accepted the natural law. Dr. Q., in making rounds, borrows one of the native nurses' canes (ahpoom), and applies the treatment to the obstreperous child in passing. The little brownies were not long in sensing my disinclination for this mode of punishment, though it was unexpressed. As you know, I am a large woman, and standing in the ward, in the starched fulness of uniform, I present somewhat the appearance of a ship in full sail while the brown tots peeping from the haven of my spread skirts may be said to resemble little "dinguies." Even Dr. Q., is constrained to smile at the appearance we present. It is with some pride that I record that punishments are less necessary since our advent.

We have enjoyed the amusements of the Island such as tennis and cards, and an occasional dinner party, while the more energetic member has become an expert horsewoman and has prevailed upon Miss C., to join her in taking Spanish lessons. Our home life is simple but requires attention and the combined duties together with the necessary relaxation during the heated period of the day fully occupy my time. When entirely acclimated, we hope to take up other activities.

U. S. Naval Station, Guam, September. E. L.

In correction of a statement made in the April JOURNAL, advice lately received from New Jersey states that the proposed amendments formed by the New Jersey State Nurses' Association were not passed at the recent session of the legislature.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

Army Nurse Corps

Appointments. Edna M. Weaver, graduate of Hahnemann Hospital, Philadelphia, Pa.; Eleanor Wilson, Pocahontas Hospital, N. Y., post-graduate of Women's Hospital, New York, N. Y.; Charlotte S. Wills, Women's Hospital, Philadelphia, Pa.; Ruth Knierim, Springfield City Hospital, Springfield, Ohio; Dessie E. Henry, Lakeside Hospital, Cleveland, Ohio; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.

Re-Appointment. L. Eleanor Langstaff, graduate of Rochester City Hospital, Rochester, N. Y.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.

Transfers. From New York, N. Y., to the Walter Reed General Hospital, Takoma Park, D. C., Dora E. Thompson.

From Walter Reed General Hospital, Takoma Park, D. C.: To Letterman General Hospital, San Francisco, Cal.: Nellie I. Culliton, Harriet E. Kingston, Dora E. Thompson, with assignment to duty as Chief Nurse, and Sophy M. Burns. To Fort Leavenworth, Kansas, Grace B. Gooding.

From Army General Hospital, Fort Bayard, N. M.: To Letterman General Hospital, San Francisco, Cal.: Eleanor L. Bollman and Anna B. Carlson.

From Letterman General Hospital, San Francisco, Cal.: To Army General Hospital, Ft. Bayard, N. M., Jessie Meehan and Hetta G. Worcester. To Walter Reed General Hospital, Takoma Park, D. C., Elizabeth D. Reid, with assignment to duty as Chief Nurse. To Department Hospital, Hawaiian Department, Honolulu, H. T., Rose Pegler and Elizabeth Tuck. To Department Hospital, Philippine Department, Manila, P. I., Helen M. Fichol, Mary A. Davis and Emily Hess.

From Department Hospital, Honolulu, H. T.: To Letterman General Hospital, San Francisco, Cal., Frances M. Steele.

From Department Hospital, Manila, P. I.: To the United States via Europe, Jane T. Taylor.

Deceased. From the Walter Reed General Hospital, Takoma Park, D. C.: Ina Neff and Clara E. Howe.

Isabel McIsaac,
Superintendent, Army Nurse Corps.

VERMONT

Vermont Nurses will meet in Burlington on May 12, at 4 p.m. for the purpose of forming a state association. It is expected that Sophia F. Palmer, editor-in-chief of The American Journal of Nursing will be present. All nurses of the state are invited to attend the meeting.

RHODE ISLAND

Providence. The Rhode Island Hospital Nurses' Alumnae Association met at the George Ide Home for Nurses, on the evening of March 19. After

the business meeting the members adjourned to the class room where Miss Lord, the superintendent of nurses, gave a stereopticon lecture on her recent trip to Europe, taking in Italy, Switzerland, France, Belgium, Holland, Germany, England and Wales. The lecture was very interesting. Tea was served later in the parlors. The pupil nurses were the guests of the Alumnae.

The Guild of St. Barnabas for Nurses, Providence Branch, met at St. Stephen's Church on April 2. Dr. Fiske, Rector of the Church and Chaplain of the Branch, read the service and gave the address. After the service Dr. Mary Pauline Rand, formerly medical missionary to India gave a talk on Medical Work in Oriental Lands.

The Rhode Island Hospital Nurses' Club met at the George Ide Chace Home for Nurses, on April 7. Miss Lord, president of the club presided at the meeting. After the business meeting, Mrs. Ely Elliot was introduced and spoke on The Trend of the Times—The Far East. She gave a very clear and concise account of conditions political and social, in Japan, China and India today. After the meeting the members adjourned to the parlors where a social hour was spent.

CONNECTICUT

New Haven. The Alumnae Association of the Connecticut Training School for Nurses held its regular monthly meeting April 2, with small attendance. The routine business was carried out though the secretary, Mrs. M. J. C. Smith, was absent on account of illness. The delegate to the seventeenth annual meeting of the American Nurses' Association at St. Louis, Miss M. K. Staub, was given her instructions; she is also interested in Public Health Work. A very touching letter was received from the sister of the late Miss Clapp including a welcome bequest to the Alumnae Association from the deceased, to be used for sick nurses. Miss Clapp was delegate to the first national convention which was held on Long Island, seventeen years ago. So far, Miss Payne has received about ninety dollars for the local endowment fund and it is hoped that many more contributions will soon arrive. The meeting then adjourned to May seventh.

The Alumnae Association of Grace Hospital held its regular meeting at the nurses' dormitory on April 6. There were 11 members present, the vice-president, Miss Sherman, presiding. Fourteen names were accepted for membership including the entire class of 1916, eleven in all. It was voted to tax each member $1, for the expenses of the delegate to St. Louis. The president was given power to appoint two committees, one to make arrangements for the Alumnae dinner some time in June. The other committee is to revise the constitution and present suggestions for changes at the next regular meeting. It was voted to send reports of meetings to The Alumnae Journal of Nursing and The Trained Nurse.

NEW YORK

New York. The New York City League for Nursing Efficiency held its monthly meeting at Teachers College on the evening of March 11, with eighty members present, Miss McKechnie presiding. The general subject of the evening was The Dietary Departments of the Hospitals. Mr. Henry O. Wright, Deputy Commissioner of Public Charities, spoke on Some Weaknesses in the Administration of Dietary Departments. He gave a very interesting talk, and told of the management in the State Hospitals. He spoke at some length of the different

experiments being tried to detect waste, and the means of remedying this defect. Dr. Rose of the Nutrition Department of Teachers College spoke on the Scientific Aspect of the Hospital Dietitians Work. Dr. Rose had some lantern slides illustrating food values, tables of calories and weights. Her talk was full of suggestions, and of great value. Miss Hyland, the Dietitian of Bellevue Hospital, was the third speaker of the evening. She told of Some of the Problems of the Hospital Dietitian, and gave a vivid picture of the work of the hospital dietitian, telling of the wide scope of knowledge necessary for any one holding such a position. There was some discussion of the papers, and the meeting, after extending a vote of thanks to the speakers, adjourned.

The April meeting of the League was held in the same place, on the 1st of the month. Miss Stewart announced that at the May meeting reports would be given from the national convention in St. Louis. Miss Kerr reported, for the Publicity Committee, that an effort had been made to have a popular article on nursing as a profession written for some magazine with a wide circulation. The subject of the advisability of joining the Vocational Guidance Association was discussed, and will be voted on at the next meeting. The secretary reported that on March 16, two hundred and twenty copies of the *Evening Mail* with Mr. Chamberlain's article The Nurse an Index of Civilization, were marked and sent to the senators and assemblymen, the governor, and other officials, likewise a telegram to the Hon. Thaddeus Sweet, and the Hon. Harold Hinman asking their support of the bill, and urging that it be reported out of the Public Health Committee.

Miss Rose of the Public Library School was the first speaker of the evening, her subject: The Use of the Reference Library, and the Possibilities of Cooperation between Training Schools and Public Library Systems. Miss Rose suggested several ways in which the library could be of service both to the training school and to the individual nurse. Special cards could be taken out by the nurse, or the library would be willing to send a travelling library to the hospitals for varying lengths of time.

Miss Stewart spoke of the great need for more books in our training schools, of the tendency to use more than one text book on a subject. She suggested several ways of enlarging the libraries, by gifts, and by making use of the pamphlets published by the government, by different associations, and by Cornell, also of the Health Educational Series. Miss Gray, Miss Trench and Miss Allison of Teachers College reviewed several of the new text books for nurses. Hygiene and Sanitation for Nurses by Dr. George Price. Anatomy and Physiology for Nurses by Dr. Little. Anatomy and Physiology for Nurses by Miss Hope. Miss Bridge, the instructor at St. Luke's, gave an interesting talk on Teaching Equipment. She presented a very good plan of equipping a laboratory, and some suggestions as to lessening the cost. After a vote of thanks to the speakers, the meeting adjourned.

The Bellevue Training School for Nurses will hold graduation exercises on the evening of April 29 in the Nurses' Residence. A reception will follow the exercises. There are forty-one graduates.

The Margaret Fahnestock Training School for Nurses of the New York Post Graduate Medical School and Hospital on the evening of April 14 graduated thirty-six nurses, the largest class in the history of the school. The alumnae dinner to the class was given on March 7, at the Hotel Breslin, covers being laid for 165. The guests of honor were Miss Murdoch, and Anne W. Goodrich. Amy F. Putnam, president of the alumnae association, was chair-

mon of the evening. The addresses were enjoyed by all present, and a delightful evening passed quickly. Josephine Hughes is chairman of the delegates to the American Nurses' Association.

The Alumnae Association of Mt. Sinai Hospital held its regular monthly meeting in the training school, March 5. Thirty-seven members were present. Minutes of the last meeting were read and approved. Minutes of the directors' meeting were read and accepted. Seven names were admitted to membership. Miss Muckleroad read a report on the Public Hearing of the Nurse Practice Act which was held February 17. Mrs. Gunn was then introduced and began the first lesson in Parliamentary Law, after which the meeting was adjourned followed by refreshments.

Troy. The Hudson Valley League for Nursing Education held a meeting at the Samaritan Hospital on March 14. Many subjects were discussed, the most important being the Nurses' Bill. It was requested that nurses and hospital workers make every effort to secure public sentiment and strong support for this. The next meeting will be held at the Veazie Brothers Hospital, Poughkeepsie, in June.

The Alumnae Association of the Samaritan Hospital gave its twelfth annual dinner to the graduating class of the nurses' training school on March 15 in the Hotel Hampton, Albany. Preceding the dinner the business meeting was held at which the following officers were elected: president, Gertrude Armstrong, vice-president, Elizabeth Ross; treasurer, Miss B. M. Sherrill; secretary, Mrs. Hiram Bills; all of Troy. A toast was given the graduating class by Miss Armstrong. Madge Ross, president of the class, responded. About forty-one members of the Alumnae Association were present, many of whom are instructors in the school at the Samaritan Hospital. Following an established custom, the president requested that all members who were engaged to be married, should rise and walk around the table. After much delay, six members responded.

Rochester. The Monroe County Registered Nurses' Association held its annual meeting at the Nurses' Central Directory on the afternoon of March 31, when the following officers were elected: president, Eunice A. Smith; vice-presidents, Georgiana Wing, Elizabeth Weber; corresponding secretary, Elizabeth L. Hawkswell; recording secretary, Miss I. L. Phillips; treasurer, Mary F. Laird; trustees: Emily J. Jones, Helen Wheaton, Anna L. MacPherson, Adeline Thomas. The Club House and Registry Committee was increased to fifteen and Sophia F. Palmer was reelected chairman. The registrar, Gertrude Montfort, reported that there are 144 nurses registered, 23 of whom are new members. The average number of calls filled per month is 147.

A special meeting of the Association was held on the afternoon of April 2, when Esther L. Shields, a missionary nurse, who was in the city, told of her work in Seoul, Korea. There was a large attendance and all present were greatly interested.

Hahnemann Hospital opened its new administration building on March 11. Built on the site of the beginning of the Hahnemann hospital, it is a worthy twin to the nurses' home erected last year. Both buildings are of red brick, of colonial design and add greatly to the appearance of the hospital. The first floor is used for administrative purposes. The second and third floors are given up to the maternity rooms and a bright, sunny nursery. Each floor has its linen cupboard, bath-rooms, nurses' workrooms, and sculs-room. Throughout the entire building the rooms are tinted a light cream color. The halls have tiled floors and the

lighting is by electricity. In each room the lights have green shades. Fire-escapes extend to each story and large verandahs face upon the street. The entrance to the emergency room is from the porte-cochere, and all accident cases from the ambulance are cared for there temporarily until transferred to the operating room. On the second floor are two handsomely and completely furnished rooms, the gifts of Mrs Hetch Gould and Mr. J. J. McMaster. The new building adjoins the Sibley wing so that in case of fire, patients can be moved from the other buildings.

NEW JERSEY

The New Jersey State Nurses' Association held its twelfth annual meeting in the Memorial Parish House of Grace Church, Orange, on April 7. The president, Arabella R. Crouch, called the meeting to order at 10.25 a.m. The rector of the Church, Rev. Charles T. Walkley, very cordially welcomed the members to the entire building, which he put at their disposal for the day, saying how highly he valued the nurses as a body of professional women and closing with prayer. Mrs. James Cheeseman, president of the Women's Club of Orange, gave a welcome, saying she had come to feel that the great keynote of such gatherings should be harmony, and with that should go system. The secretary read the minutes of the semi-annual meeting and the annual report. The treasurer announced a balance on hand of $320.69 which included special gifts from training school alumnæ towards legislative expenses. The membership committee reported sixteen new individual members, and three Associations during the year. For the Public Health Committee, Annie McKay, gave a very comprehensive report, remarking on the number of societies that are continually being added to; the multiplicity of new names, and said there was more to be done, not by forming new societies, but by greater efficiency in the work undertaken. Experts are needed to show how much more can be accomplished, when the right way is adopted, as perhaps at no time in the history of the world has there been such an enthusiastic interest in the physical and mental fitness of human beings shown by all communities, than at the present time. Laws are being drafted year by year affecting mothers, child labour, and infant hygiene, so that at all ages, conditions are being watched, and better results may be looked for. Mrs. Cheeseman mentioned an exhibit, held in a near-by store, donated for that purpose, on Infant Welfare and Pure Milk, which has been arranged by the Civics Committee of the Women's Club. This was visited later by a number of the nurses. After further reports and the appointment of tellers, the amendments to the constitution were taken up. A change of dates for the meetings from the first Tuesday in April and November to the second Tuesday was lost. The alteration in Art. VI, Sec. I, was passed and an amendment also to Art. IV, Sec. III, arranging for the appointment of delegates in times of unforeseen emergency. The meeting then adjourned for lunch, which was served upstairs by members of the alumnæ association of the Orange Training School. This proved a great convenience and saving of time, and the members convened again promptly at 2 p.m.

Miss Crouch spoke of the great assistance she had received from the co-operation of the Board of Examiners and in the good work of her committees, especially in legislative work. One adverse bill had been defeated by a clear presentation of what it really was, but the fate of the association's own amendments still hung in the balance. She made a strong plea for greater support for the *Journal*, as did the secretary later on, also asked that support should be given to the Robb Memorial and the Relief Funds.

The roll was called and time given for members to pay dues. Margaret C. Squire, in the absence of a State County Chairman, made a report of the work so far as it came within her knowledge and deplored the lack of interest in the county societies which could be made a strong support for the State Association.

Some of the figures given by Mariette B. Squire, president of the State Board of Examiners, will show the enormous amount of work done, though, as she said, that by no means gauged the labour involved and the time spent by the members. The number of applications entered on registry were 1478; 1181 certificates have been granted, only 17 have been rejected, 18 are held for further investigations, and about 260 are still to be considered. She signified that the greater number of applications represented self interest, and preservation, and a desire to avoid future examination. A few, only, apply from real interest and enthusiasm, but she feels the two years' experience of the board has justified its existence. Two schools have, by lengthening their course, or affiliation, made their pupils eligible for registration. Three hospitals have found ways and means to build obstetrical wards and two have added children's service. State Hospitals are asking how their graduates may become eligible for registration, instead of insisting that they are. The press has given assistance, by editorials and otherwise, in placing matters in their right light before the public. The curriculum put forth has elicited extended commendation. From Germany, Miss Mayer writes that wishing to form a School on an American model, she will take the New Jersey curriculum as a guide. The Board hopes to avail itself of the offer from the State Board of Education to collaborate in passing on academic qualifications, placing educational values where they belong.

Helen Stephen read an interesting report of her visit to Washington as delegate to the annual meeting of the American Red Cross last December. During the lunch interval a meeting of local Red Cross executives was held.

Mariette B. Squire made a motion that a yearly sum of $50.00, until $200.00 be reached, be given to the Hampton Robb Memorial Fund, which was carried. Arabella R. Crouch was elected delegate to the convention of the American Nurses Association in St. Louis. Annie McKay was elected delegate to attend the state conference of charities and correction to be held in April at Asbury Park. Mrs. Stephen and Miss J. B. West, were elected delegates to attend the annual meeting of the State Federation of Women's Clubs to be held in May at Asbury Park. Miss Reed drew attention to the appeal for funds toward the expenses of the International Council in 1925, which will meet with consideration at a later date. The paper read by Eugenia D. Ayres, superintendent of the Elizabeth General Hospital on Nursing, Her and Her Patients was well thought out and clearly expressed, and gave to nurses her very decided opinion that specialties cannot be taken up without special courses of instruction, and that is particularly true in these branches, which need additional care and preparation and require more care than general cases. When it comes to operation, "owing to the extreme delicacy of the structures of the eye, it is not possible to use gauze sponges, therefore we must be satisfied with a substitute, cotton pledgets and exercise unlimited precaution to avoid the existence of bacteria." The instruments for use in these cases, too, need very special care, and can not undergo the same free processes given to the usual surgical outfit. So many precautions must be taken in the after care, a cough or sneeze, or unnecessary restless movement of a patient, may undo the work of a most successful operation. Many very helpful suggestions and details were thoroughly outlined throughout the paper, which might well be printed for wider circulation.

The Question Box brought out some interesting topics. One on "How to Supplement the Shortage of Pupils in Hospitals" called for much thoughtful consideration, the educational standard coming in for a share, so that finally the secretary was instructed to communicate with the commissioner of education, with a view to suggesting to the superintendents of high schools, that all pupils be urged to take at least one year in high school, so as to be eligible for so many professions that now make that demand; among them being our own.

The election of officers resulted in the reelection of the president, Arabella R. Crouch; vice-presidents, Elizabeth J. Highid, Mary J. Stone; treasurer, Mary E. Reckhill, (reelected); secretary, d'Arcy Stephen, (reelected); trustee, Margaret Wallace.

From three invitations for the next meeting place in November, the one from the alumnae association, Overlook Hospital, Summit, was accepted. After the customary resolutions were passed, the meeting adjourned. Eighty members registered during the day.

Jersey City. In a Borden Baseis contest, conducted by the Jersey City Board of Health and the *Women's Home Companion*, the baby which made a standing of 100 per cent was one entered and cared for by the nurses of the Baby Clinic. He was an orphan, parents unknown, and in poor physical condition when the nurses undertook his regeneration. After a strict, scientific régime, of regular diet and regular sleep, measurement showed him to be perfectly proportioned and developed. His record in the contest attracted the attention of mothers, doctors, and the newspapers. His story was published and, as a result, a home has been offered him.

Orange. Miss M. E. Wallace, of the Memorial Hospital, has taken up district work in Vancouver, British Columbia, succeeding Elizabeth Hall, who has gone to Ottawa.

Ridgewood. The Ridgewood Hospital held graduating exercises in the Recknagel Hall, on March 17, five nurses receiving diplomas. The opening address was delivered by Mr. Marvin, president of the hospital, and the address to the graduates by Rev. Mr. Bailey. A large number of relatives and friends filled the hall, and an enjoyable dance followed the exercises.

DELAWARE

The Delaware State Board of Examiners for the Registration of Nurses will meet at the Delaware Hospital, Wilmington, Monday, June 1, 1914, beginning 9 a.m. to examine applicants for registration according to law. For further information apply to secretary, Anna M. Heck, R.N. 822 West Ninth Street, Wilmington.

PENNSYLVANIA

Philadelphia. The Philadelphia Club for Graduate Nurses, at a special meeting on March 26, voted to change the name of the Club to the Nurses' Club of Philadelphia County. At the same meeting Mrs. Blankenburg, wife of the mayor, spoke to the members of the importance of associations belonging to the Federation of Clubs. Mrs. Blankenburg defined women's clubs as "organized centers of thought and action." At the close of the meeting, Mrs. Blankenburg invited the members to accompany her to the City Hall to a meeting in the interest of the babies, at which the mayor presided.

The course of lectures in parliamentary law given by Mrs. John F. Lewis, was unusually well attended. One of the most interesting talks of the season was given on April 7, by Miss Widmire, a nurse just returned from Ancon Hospital, Panama. Miss Widmire spoke of the excellent management of the hospital and the value of the eight-hour duty system. Miss Widmire showed many fine pictures taken by the government photographer.

The private duty nurses have formed an organization, which it is hoped, will be of great benefit to them.

The Alumnae Association of the Hospital of the University of Pennsylvania held the regular meeting on April 6, Mrs. Irvin, first vice-president in the chair. Three new members were received, several were dropped for non-payment of dues. It was decided that instead of sending articles from here to China to Miss Pittman for patients in the hospital, to send a cheque for $50, as one dollar there will go as far as two here. It was voted to instruct the delegates to the convention at St. Louis to pledge $25 toward the expenses of the International Congress of Nurses in 1925. It was also voted that the secretary write to the secretary of the national association to extend an invitation to the association to meet in Philadelphia in 1926. Miss L. A. Gilmore was elected second delegate to St. Louis, Elizabeth Rankin and Sara Miller alternates for Emma Le Van. After the business meeting and a social half-hour, Margaret Montgomery, president of the Nurses' Club, spoke of the value of the Club to nurses and asked for cooperation.

The Nurses' Alumnae Association of the Jewish Hospital held its regular meeting April 7, in the Pennsylvania building of the hospital, with twenty-eight members present. Four new members were admitted. Applications for twelve weeks' benefits were received and ordered paid. The president was unable to be present but her annual address was read by the secretary. The annual statements and reports were read by the secretary and treasurer. The annual election gave the following result: president, Helen Stevens; vice-presidents, Mrs. Louise Katzenberg and Miss Alice F. Myers; secretary and treasurer, Mrs. Walter Pullinger, 2143 Nedro Street, Germantown; member of executive committee, Julia Walsh. A hearty vote of thanks was given the retiring officers. Susan C. Francis, superintendent of nurses, was present and gave a short address. The entertainment committee served refreshments.

The Alumnae Association of the Presbyterian Hospital, at the regular monthly meeting, heard an interesting address by Dr. Charles H. Frazier, one of the surgeons of the hospital, his subject being Opportunities for Graduate Nurses and Specializing for Pupil Nurses.

The Nurses' Alumnae Association of the Philadelphia General Hospital held its regular monthly meeting March 3, in the nurses' home. It was decided to hold the memorial service for Alice Fisher in the nurses' home instead of in the chapel, as has been the custom in recent years. It is hoped that some of the nurses who were graduated during Miss Fisher's life will be present and that a talk on incidents of her life will be given by them so that nurses who trained in Blockley after her death may become acquainted more intimately with her ideas and her work. It was announced at this meeting that Laura V. Plummer, September class of 1920, one of Miss Fisher's pupils, died at the Pennsylvania Hospital in February. Miss Plummer went with Marion E. Smith to the Pennsylvania Hospital to organize a training school there. Mrs. L. M. Wentworth and Mary McKechnie were appointed delegates to the convention of the American Nurses' Association held in St. Louis in April.

The Alumnae Association of the Presbyterian Hospital has held regular monthly meetings, well attended, throughout the winter. At the October meeting the four delegates to the American Nurses' Association, gave their reports. In November, Miss Murray of the Orthopaedic Hospital gave a talk on Experiences of Red Cross Nurses at Gettysburg Encampment. At the December meeting, travel talks were given by the members of the Association. In January, Dr. William Newcomb gave a talk on Radium. The February meeting, at which members of other associations were present, was addressed by Miss Goodrich. In March, Mary Gillette, secretary of the Court Aid Society, gave an account of the work of restraining women and girls tried at the midnight courts. The annual reception to the graduating class was held March 6. The annual meeting will be held May 6. One hundred and ten relief fund calendars were sold by the Association and by the directresses of nurses to the undergraduates. Anna H. Kisby, Elizabeth Hood, Violet Hoffman and Ruth Morton were elected delegates to the American Nurses' Association in St. Louis.

The Nurses Alumnae Association of the Orthopaedic Hospital and Infirmary for Nervous Diseases held its regular meeting at the nurses' home, March 23, the president, Rose Scott, presiding. An acknowledgment was read from Sir Wilfred Grenfel who had addressed the Association at a previous meeting, for a sum of twenty-five dollars donated for his work in Labrador. The members of the last graduating class were received into the Association and twenty-five dollars voted toward a victrola for the nurses' home. A very interesting address on College Settlement Work, was given by Miss Spaeth, field secretary of that organization. Miss Montgomery also spoke in behalf of the needs and advantages of the Philadelphia Club for Graduate Nurses. The Association is flourishing, the meetings are well attended and a lively interest is taken in all that pertains to the profession of nursing.

The Alumnae Association of the Philadelphia Lying-in Charity Hospital held its regular monthly meeting at the hospital on April 2, the president, Clara B. Steinmetz, presiding. It was announced that the graduating exercises for the class of 1914 would be held on May 5, and the reception to the class by the Alumnae Association would be on May 6, at the hospital. All graduates, friends and alumnae members are cordially invited to be present.

Pittsburgh. The Nurses' Dormitory of the Homeopathic Hospital was the scene of two very enjoyable musical entertainments during the month of March. On March 5, the pupil nurses were agreeably surprised with an evening's pleasure by Miss Giesinger, violin; Mr. Mellish, cello; Mr. Fichtler, piano. On March 21, the Alumnae Association was entertained by the superintendent of the training school and her head nurses. The class of 1914 was invited to attend the meeting. A pleasing program was furnished by Miss Burdett and Miss Stewart, piano; Miss Keller, soprano; and Miss Chadwick, reader. A social hour followed the program.

The Allegheny General Hospital Alumnae Association gave its annual reunion and reception on March 17 at the hospital. The members of the graduating class were guests of honor. Dancing and a musical program by a local soloist were enjoyed by the large company of returned alumnae and their friends. Refreshments were served in the Japanese tea-room on the roof.

Nellie Quinn has accepted the position of nurse in charge, of the Emergency Hospital, in connection with the Knudsen store. Lelia Barnhart and Miss Lehn as alternate, were appointed delegates to the St. Louis Convention. Ina P.

Hanna, has been appointed social worker for convalescent homes at Harmarville, with temporary headquarters at 625 Western Avenue.

The Allegheny General Hospital graduated the largest class in the history of the school on March 28. Thirty-two young women received diplomas. Addresses were delivered by the Rev. Dr. Thomas Hanna Middlekauf, president of Monmouth College, Monmouth, Ill., and Annabel McClure of the graduating class. Madeleine Kemp and Edna Irby received scholarships for the highest class standing. In the absence of the Rev. Dr. Maitland Alexander, the first class he assumed the presidency of the hospital twelve years ago, a member of the board presented the diplomas. Mary Francis Henderson is directress of nurses.

Scranton. The Alumnae Association of the State Hospital held its eleventh annual banquet at the Hotel Jermyn on March 18. Thirty nurses were present. The room was beautifully decorated and a good musical program was enjoyed. Elizabeth Saul, president of the association, gave a fine address and introduced the guests of honor who were Cherie Lewis and Rose Steinmetz. Both guests are graduates of the State Hospital Training School. Miss Lewis has been in China for the past ten years. She told many interesting stories about the country and its customs. Miss Steinmetz is superintendent of the Mary Day Nursery at Akron, Ohio. She told of a number of experiences which were very instructive. The committee in charge of the affair was composed of Elizabeth Saul, Mary Figus, Charlotte Williams.

Altoona. The Alumnae Association of the Altoona Hospital gave an informal dance in the Elks' Home on March 11. The affair was one of the most successful functions of the season.

MARYLAND

The State Association of Graduate Nurses held a meeting in the lecture room in the Phipps Clinic, Johns Hopkins Hospital, on April 2, the president, Mrs. Ethel P. Clarke, in the chair. A very interesting and unusual illustrated lecture was given on Forestry, by Mr. Chapin Jones, assistant state forester of Maryland. It was a departure from the discussion of nursing subjects, and was much enjoyed. It also treated of conservation, of trees rather than of people. Miss Nutting, being unexpectedly in the audience, came to the platform and greeted the Association, of which she was the first president. Mary E. Lent was appointed delegate from the Association to the National Convention in St. Louis. Six delegates were appointed to the Federation of Women's Clubs to meet on April 22 and 23 with Miss E. J. Taylor as chairman.

The Maryland State League of Nursing Education held its regular monthly meeting at the Church Home and Infirmary on February 18, about half the members being present. The program consisted of a paper by Helen Bartlett, president of the Board of Examiners, subject: Weak Points in the Candidates for Examination That Have Repeatedly Been Noticed by the Examiners. The paper was a very able one, perfectly frank, but given in a friendly spirit, with the desire to help the superintendents in their efforts to raise the standards. Miss Bartlett spoke of the inability of many nurses to improvise at all, of the prevalence of the idea that the back rest is the only relief for dyspnoea with seeming forgetfulness that the forward leaning posture is the one usually assumed naturally by heart cases, of the tendency to be vague on the question of the temperature for hot-water bottles, baths, douches, referring to doctors' orders.

Many other interesting and entirely practical points were discussed. The paper aroused much interest, and a lively discussion followed, showing marked appreciation of the help that the cooperative work of the League gives to its members. Miss Nash served tea, and a delightful social hour was spent.

At the spring examination in June the Board of Examiners has decided to give a special paper on Dosage and Solutions. The members feel that it is a subject of so much importance that rather more stress should be laid upon it than has been the case heretofore.

The March meeting of the League was held on the 19th at St. Joseph's Hospital. The afternoon was chiefly taken up with a discussion of the subject of preliminary education of students entering the training schools. Miss Bartlett, president of the Board of Examiners, told us some of the methods in other states; such as an examination during the probation term, etc. All present seemed much interested, and some tentative plans were made. Tea was served, and, as always, a pleasant half hour was spent.

VIRGINIA

The Graduate Nurses Association of Virginia met at the Chamber of Commerce, February 5 and 6, Celia Brian, of Danville, the president, in the chair. Much business was discussed and plans for further work were begun. The Catawba Cottage committee reported through its chairman, Elizabeth Cocke, of Richmond, that the fund for Catawba is almost in hand. The plans were shown by the Committee. This cottage is for tubercular nurses, to be located at the State Tubercular Sanatorium, and has met with the most sympathetic interest. The cottage will not be large, but will be most comfortable, and will be provided, of course, with large sleeping porches, which will increase its capacity somewhat. The state society plans to hold it open for all nurses of the state who develop this dread disease.

The endowment fund was reported as still in its infancy, although some small sums were in hand. The Catawba Cottage committee and the endowment fund committee had worked together, and had determined not to push active work on the endowment fund until after the cottage is completed. Ella Phillips Crandall, of New York, gave a most delightful presentation of Red Cross relief work, and, later, spoke at some length on Public Health Nursing. Mr. Jenkinson, representing the Red Cross, was in the city making arrangements for a state chapter and attended two sessions of the Association. He presented the cause of the Red Cross with so much enthusiasm that it is expected that the rather small number of Virginia nurses already enrolled will be materially increased.

Mrs. Ernest G. Levy, secretary of the State Board, read a most able paper on the work of the board for the year. This paper embraced a suggestion with regard to the registering of training schools, which will be developed in more detail later and which promises to be very valuable. After considerable discussion, a definite tariff was taken up for the private nurses and recommendations were made with regard to hours. This promises to be of material assistance to private nurses throughout the state. The Richmond nurses entertained the Association at a tea at the nurses' settlement, which proved to be a most enjoyable affair.

Richmond. Lucy Minnemeyer, a graduate of Bellevue Hospital, recently superintendent of nurses at Savannah Hospital, Savannah, Georgia, has been made superintendent of nurses of the Virginia Hospital.

Sarah Dandridge Moore has resigned her position as superintendent of Doctor Rodger's Hospital, Jacksonville, Florida, in view of opening a home school for little girls in Richmond. Miss Moore is a graduate of St. Luke's Hospital, and her many friends are glad to welcome her back and wish her much success.

Marion. Rebecca Kilgariff, graduate of the Affiliation of the Columbia, Children's and Episcopal Hospitals, Washington, D. C., after holding the position of head nurse in the State Hospital, for the last four months, has decided to locate here as a private nurse.

Pulaski. Anna Lee Calfee, graduate of Clinton Hospital, West Virginia, is located as a private nurse in this city.

Wytheville. Katie B. St. Clair has a bungalow in this, her home town. She has three rooms for the use of patients. The town is beautifully situated in the mountains of southwestern Virginia. It has an elevation of 2204 feet. The climate and water are excellent, the scenery superb. The home life of this little bungalow has done much for the recovery of Miss St. Clair's patients. She has met with success. There is no hospital at Wytheville.

WEST VIRGINIA

Wheeling. The Ohio County Graduate Nurses' Association held its regular monthly meeting at the North Wheeling Hospital on April 10. As the nurses were very busy at the time, only seven answered to the roll call.

The usual business was attended to, reports of the several committees were heard and approved. There was no program. The meeting adjourned to meet at the regular hour in May. The Association is in a flourishing condition at present, 85 names being on the roll.

NORTH CAROLINA

The Board of Examiners of Trained Nurses of North Carolina will hold the annual spring examination in Durham, May 26, 26 and 27. Application blanks and further information can be obtained from the secretary and treasurer, Lois A. Toomer, 120 South Fourth Street, Wilmington, N. C.

FLORIDA

The Florida State Association of Graduate Nurses, at its annual meeting held in Jacksonville, February 23-25, elected the following officers: president, Nettie L. Flanagan; vice-presidents, Nona Prevatt, Annie Rutherford; recording secretary, Minnie Borden; corresponding secretary, Anna L. Davids; treasurer, M. L. McAuliffe. The chairmen of committees are: Publication, Miss Borden; Credential, Belle Ollerne; Membership, Rena Lee; Constitution and By-Laws, Eva McAuliffe; Arrangements and Legislation, Hylda M. Fleuiken.

ALABAMA

Birmingham. The Graduate Nurses' Association of Birmingham held its fourteenth annual meeting on March 11. Helen MacLean of the McAdory Infirmary was hostess. Annie Gray, chairman of the nominating committee assisted in opening the ballots. The following officers were elected: president, Linna H. Denny; vice-presidents, Mary Walker, Mattie Hanson; corresponding secretary, Mrs. Cora M. Sanford; recording financial secretary and treasurer,

Helen MacLean. The present membership of the Association is ninety-nine. Knowing that before April there would be a hundred members, two delegates were elected for the National meeting in St. Louis. They were Helen MacLean and Mrs. Cora Sanford. The secretary-treasurer reported an expenditure of over $700 during the past year, a balance in the treasury, and a contingent fund of $25. A committee was appointed to go before the Board of Revenue to ask for the appointment of a graduate nurse for the almshouse. The president gave a short talk, making note of the fact that during the past year the constitution had been revised, the first Red Cross Nursing Service in the State organized and the State Nurses' Association is well in hand. A strong address on Loyalty was given by Dr. W. P. McAdory. He complimented the Association on its preservation of nursing ideals, and bade it Godspeed for the coming year. Following refreshments, the meeting adjourned for a month.

MISSISSIPPI

The Mississippi Bill for State Registration of Nurses passed both Houses and was signed by the Governor, March 11. The bill reads as follows:

"An Act to regulate the practice of professional nursing in the state of Mississippi, to create a board of nurses' examiners, to require the examination and registration of those desiring to practice in this state as registered nurses, or licensed attendants and to provide for the punishment of offenders against this act.

"Section 1. Be it enacted by the legislature of the state of Mississippi, That a board to be known as the board of nurses' examiners for Mississippi is hereby created, to consist of five members who shall be appointed by the governor, four of whom shall be graduate nurses and one of whom shall be a physician.

"Sec. 2. That within thirty days after the passage of this act, the graduate nurses' association of Mississippi shall, through its executive committee, submit to the governor a list containing the names of two physicians who must be regularly licensed and of good standing in their profession, together with the names of eight graduate nurses who shall have practiced not less than two years exclusive of training, and the governor shall appoint the members of the board from said list.

"Sec. 3. That each member of said board shall serve for a term of five years and until his or her successor is appointed and qualified, except in case of the first board, whose members shall hold office as follows: one member shall be appointed to hold office for one year; one member for two years; one member for three years; one member for four years and one for five years.

"Sec. 4. That vacancies occurring in said board by reason of expiration of term of office, resignation, death or otherwise, shall be filled by appointment by the governor from a list of names of three physicians and eight registered graduate nurses all with qualifications as hereinbefore provided to be furnished him by the executive committee of said association.

"Sec. 5. That the members of said board shall, as soon as organized, and annually thereafter, in the month of November elect from their number a president and a secretary, the latter of whom shall also be the treasurer. Three members of this board shall constitute a quorum. Special meetings of said board shall be called by the secretary-treasurer upon the written request of any two members.

"Sec. 6. That said board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purposes of this act. The secretary-treasurer shall be required to keep a record of all meetings of said board, including a register of names of all nurses duly registered under this act, which shall at all reasonable times be open to public inspection. Said board shall cause the prosecution of all persons violating any of the provisions of this act and may incur necessary expenses in that behalf.

"Sec. 7. That the president and secretary-treasurer shall make a biennial report to the governor on the first Monday in January immediately preceding the convening of the legislature, together with the statement of the receipts and disbursements of said board.

"Sec. 8. That said board shall adopt a seal which shall include the words, 'Nurses Board of Examination and Registration of Mississippi,' and the imprint thereof shall be placed on all certificates and warrants issued by it and upon all records sent up on appeal from its decision.

"Sec. 9. That it shall be the duty of the secretary-treasurer of said board to file with the secretary of state at least quarterly, a list of all certificates of registration issued by said board with the names and residences of the persons to whom such certificates have been issued.

"Sec. 10. That each member of said board before entering upon the discharge of his or her duties, shall take the oath required by law for public officers and the president and secretary-treasurer shall give a bond in the sum of one thousand dollars conditioned for the faithful performance of his or her duties.

"Sec. 11. That it shall be the duty of the said board to meet on the first Monday of January and July of each year. Notice of each meeting shall be given to the public press and in one nurses journal one month previous to the meeting, but said board may give such other notice as it may deem advisable. At said meeting it shall be the duty of the board to examine all applicants for registration under this act.

"Sec. 12. That any person desiring to obtain a certificate of registration under this act shall make application to said board therefor, first paying to the treasurer an examination fee of five dollars and shall present himself or herself at such regular meeting of said board for examination of applicants.

"Sec. 13. That said board being satisfied that said applicant is of the age of eighteen years, of good moral character, has received an education equivalent to a good common school education, has graduated from a training school in connection with a general hospital or sanitarium with two years of continuous residence training where a systematic course of instruction is given, shall proceed to examine said applicant in both theoretical and practical nursing, anatomy, physiology, bacteriology, materia medica, dietetics and hygiene.

"Sec. 14. That upon said applicant passing said examination to the satisfaction of said board, the latter shall cause to be entered the name of the applicant in the register for that purpose. It shall also be caused to issue to said persons a certificate of registration authorizing said person to practice the profession of nursing as a registered nurse. Nurses who are not graduates as herein provided, who have been practicing nursing before this act takes effect, may apply, first paying an examination fee of two dollars and fifty cents to the state board for an examination and if the board finds therefrom the applicant competent to practice nursing, said board may issue to the said applicant a certificate authorizing him or her to practice as a licensed attendant, but not as a registered nurse. A nurse

registered and licensed according to the laws of the state of her residence may practice her profession in this state in special cases without being registered as herein provided. All the provisions of this act not inconsistent with this section shall apply to licensed attendants.

"Sec. 15. That fees received by said board of examiners herein specified from examinations and otherwise, shall be paid to the state treasurer and shall be kept in a fund to be known as the nurses fund, and shall be subject at all times to the warrant of the state auditor drawn upon written requisition of the treasurer of said board and attested by the secretary-treasurer of said board for the payment of any authorized expense made by said board, but in no event shall said board expend a sum in excess of the amount received by the state treasurer from said board. No requisition shall be made by said president and secretary-treasurer until the item or items for which same is drawn shall have been first approved by said board.

"Sec. 16. That each member of said board shall receive five dollars for each day or part of day while actually engaged in the performance of the duties of the office, together with traveling and all other legitimate and necessary expenses incurred while so engaged.

"Sec. 17 That all printing, postage and other contingent expenses necessarily incurred under the provisions of this act shall be paid from the said nurses fund, all subject however, to the provisions of section 15 of this act.

"Sec. 18. That the headquarters of said board shall be in the state capitol in a room to be assigned for its use by the keeper of said capitol.

"Sec. 19. That the meetings of said board for the purpose of examining applicants shall be held in the city of Jackson or in any other convenient place.

"Sec. 20. That all persons possessing the qualifications enumerated in section 12, of this act, and who are nurses in training at the time of the passage of this act, and who shall graduate on or before two years in the state of Mississippi, shall be permitted to register without examination upon the payment of the registration fee of five dollars, provided that all applications for registration shall be made before the expiration of said two years.

"Sec. 21. That nurses who have graduated prior to the passage of this act from recognized training schools in Mississippi and nurses who are now practicing in the state of Mississippi, who shall show to the satisfaction of the board of examiners that they are graduates of training schools connected with general hospitals or sanitariums giving two years' training shall be required to register within one year from the passage of this act. And such nurses upon payment of the registration fee of five dollars shall be entitled to registration without examination.

"Sec. 22. That said board shall be authorized to waive, at its discretion, said examination, and to issue certificates of registration in favor of applicants who shall present to the board certificates of examination from the board of examiners from another state together with the registration fee of five dollars, provided the standard of requirements from such other state are equivalent to the requirements set forth in this act.

"Sec. 23. That any nurse who has received his or her certificate according to any of the provisions of this act shall be styled and known as a registered nurse. No other person shall assume such title or use the abbreviation 'R.N.,' or any letter or figure to indicate that he or she is a registered, trained or graduate nurse.

"Sec. 24. That it shall be unlawful for any person to practice professional nursing as a registered nurse in this state within the meaning of this act, unless such person shall at first have obtained a certificate of registration as provided in this act. But this act shall not be construed to apply to the gratuitous nursing of the sick friends or members of the family and also it shall not apply to any person nursing the sick for hire, but who do not in any way assume to be registered, graduate nurses.

"Sec. 25. That the board of examiners shall have power to revoke any certificate of registration for incompetency, dishonesty, intemperance, immorality, or unprofessional conduct after a full and fair investigation of the charges preferred against the accused. Thirty days prior to such a hearing, a copy of the charges, which charges must be specified in writing and under oath, shall be furnished to the accused who shall, at the same time, be furnished with written notice of the time and place where such charges will be heard and determined. The place of such hearing may be fixed by said board at any point within the state. At such hearing, all witnesses shall be sworn either by the president or secretary-treasurer, and the accused shall be entitled to be heard and represented by counsel. No revocation shall be made except upon a majority vote of the full board.

"Upon the revocation of any certificate, the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary-treasurer of the board to strike the name of the holder thereof from the roll of registered nurses and to give notice of such revocation to the secretary of state.

"Sec. 26. That any person violating any of the provisions of this act or who shall wilfully make any false representations to said board of examiners in applying for a certificate or who shall refuse to surrender a certificate of registration which has been revoked as set out in this act, or shall use the title of registered nurse, or append the letters 'R.N.' or any other letters, words or figures to indicate that the person using the name is a registered, or graduate nurse, unless such person shall be lawfully entitled so to do, shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not less than $25.00 (twenty-five dollars) and not more than $100.00 (one hundred dollars) or by imprisonment in the county jail for a period of not less than five days and not more than ninety days or by both such fine and imprisonment.

"Sec. 27. That all laws or parts of laws in conflict herewith be and the same are hereby repealed.

"Sec. 28. That this act shall take effect and be in force from and after its passage."

Hattiesburg. The Graduate Nurses' Association of the Hattiesburg Hospital held its regular monthly meeting in the hospital parlor, on March 18. Two new members were received. With its other lines of work, the Association has decided to furnish a room in the new annex of the hospital to be known as the Graduate Nurses' Association room. The room is to be used by members of the Association who are ill. Plans for a nurses' club were discussed but no definite action was taken. After adjournment, refreshments were served by the president, Jennie M. Quinn. The Association was organized less than three years ago and was the second of its kind in the state. Much interest is manifested in the work, and the results, though few in number, compare favorably with those of larger associations of the north and east.

TENNESSEE

Knoxville. The East Tennessee Graduate Nurses' Association held its regular monthly meeting at the registry, March 12. This proved a very interesting meeting. The suggestion of the president, Miss Edwards, that a question box be established, was carried and several questions of interest were discussed. Mrs. Lena M. Warner, president of the state board of examiners, was much enjoyed as a visitor and gave an especially interesting talk on the Evolution of the Nurse, remarking the importance of registration and the great advance it is making in Tennessee. The subject of membership in the American Nurses' Association was discussed. Mrs. Warner was asked to represent the Association in its application for membership at the annual meeting of the National Association in St. Louis.

OHIO

Cincinnati. The Jewish Hospital Alumnae Association held its regular meeting at the hospital, March 4. A carefully prepared paper on Investments for Nurses was read by Florence Williams. Arrangements were completed for a tea which was given for the class of 1914 on March 11. The tea was well attended and proved a most enjoyable occasion. Abbie Roberts, class of 1907, has accepted the position of Supervisor of Town and Country Nursing for the Red Cross. Miss Roberts organized the Visiting Nurse Association of this city and leaves it in a very flourishing condition.

MICHIGAN

The Michigan State Board of Registration of Nurses will conduct an examination for State Registration at the U. B. A. Hospital, Grand Rapids, Michigan, on May 19, 20 and 21, 1914, and at the Grace Hospital in the city of Detroit, Michigan, on June 2, 3 and 4, 1914. All applicants must have their applications on file with the Secretary at least fifteen days prior to the date set for the examination. Arthur W. Scidmore, M.D., Secretary, Lansing, Mich.

The Michigan State Nurses' Association will hold its annual convention in Lansing, May 26, 27 and 28.

Detroit. The Wayne County Nurses' Association, at the meeting held in the auditorium of the Wayne County Medical Society Building, April 2, appointed Zoe Lafarge, and Mrs. B. L. Harris, to represent the Association on the Nurses' Central Directory Board. Mrs. Effie M. Moore was appointed delegate to the convention of the American Nurses' Association. After the regular order of business, Agnes Dunn, gave a paper on "Club Houses for Nurses." An interesting discussion followed which resulted in the appointment of a ways and means committee. The Wayne County Nurses' Association, through the Nurses' Central Directory office, sold two hundred calendars for the Nurses' Relief Fund; through this office sixty more were disposed of outside of Detroit.

The Office of the Central Directory has moved into its new quarters, at the front of the Wayne County Medical Building. The walls have been newly decorated, the floors refinished and new furniture purchased, making everything clean, bright and attractive.

The Farrand Training School Alumnae Association held its regular monthly meeting March 10, in the Swain Home, forty-two members being present and Miss Dutton presiding. Anna Rieman and Agnes Kennedy were re-

appointed to represent the Farrand Alumnae on the Nurses' Central Directory Board. Melissa Collins and Lydia James were appointed delegates to the American Nurses' Association; Grace Gillies and Agnes Kennedy, alternates. After the business meeting, a reception was given Margaret Kounds, who has tendered her resignation as supervisor in the Hudson Memorial Building. Miss Kounds's many friends regret her departure. She has been supervisor in Harper Hospital for a number of years, and the graduate nurses feel that they owe much of their success to her teaching. At the close of the reception, she was presented with a beautiful basket of flowers and a friendship circle of sapphires, by the graduate nurses, as a slight token of the high esteem in which she is held.

St. Mary's Alumnae held a regular meeting at the hospital, March 8, Miss Blue presiding. Margaret Blue was elected as delegate to represent the Association at the American Nurses' Association; Ethel McGinn, alternate. Kathleen Mahon was appointed to represent the St. Mary's Alumnae on the Central Directory Board.

The Providence Hospital Alumnae Association at the annual meeting elected the following officers: president, Isabella Napper; vice-president, Louise Leyes; secretary, Louise Pilon; treasurer, Anna Kaiser; visiting committee: Mary S. Keeling, Catherine Gannon and Grace Keena. The Providence graduating class of 1914 was entertained on February 28, at a box party given at the Temple Theater, followed with a banquet at the Tuller Hotel. The class colors blue, white and gold were carried out in the decorations and favors.

The Grace Hospital Alumnae Association, at the meeting held on March 10, heard a very interesting talk by Miss Mulheron on Social Service Work. Frances Campbell was appointed to represent Grace Alumnae on the Central Directory Board.

The Woman's Hospital Alumnae Association held the regular meeting March 19. After the regular order of business an interesting talk was given by Mrs. Sanderson, on Egypt.

Cuney Brockenbrough, recently connected with the Municipal Sanatorium of Chicago, has come to Michigan where she has been engaged by the State Society for the Study and Prevention of Tuberculosis to do Anti-Tuberculosis work. Miss Brockinridge will devote her time to the twelve counties that sold the greatest number of American Red Cross Seals at Christmas time; conducting in each of these counties an educational campaign against the spread of the much dreaded disease.

Ann Arbor. The Alumnae Association of the University of Michigan Training School for Nurses held its regular monthly meeting at the hospital on March 23. The routine business was transacted. Helen Sellman was appointed delegate to the National Convention at St. Louis. Following the business meeting, Agnes Deans of Detroit spoke to the nurses on Professional Responsibility in Nursing Organizations. She emphasized the importance of nurses entering some special field of nursing after their training. In the evening a tea and a theater party were given in honor of Miss Deans.

Lansing. The Ingham County Graduate Nurses' Association has been organized recently with a charter membership of forty-two nurses. The officers are: president, Elizabeth L. Parker; secretary, Mabel Stevens, 412 West Louis Street. The Association expects to entertain the Michigan State Nurses' Association, May 28-29.

WISCONSIN

Milwaukee. The Nurses' Circle of the Marquette Woman's League, a new association, was formed January 20. The first meeting was held at the home of Mrs. J. H. Hackett. The following officers were elected: president, Mrs. J. E. Oberle; secretary, Lavinia Dietrichson, Wauwatosa; treasurer, Teresa Dick. On March 26, a meeting was held at the home of the president. Mr. Tiefenthaler, composer, played and Miss Olmer sang. The Association meets every two months.

Superior. The Superior Nurses' Association has been newly organized by the nurses of Superior in a meeting at the Children's Home on the first Monday in March. The purpose of the Association is to promote social intercourse and to keep in touch with nursing movements. Mrs. Bertha Roderick was elected president and Margaret Armstrong, secretary-treasurer. The second meeting was held on April 6. It was addressed by Bertha Griffin who has been connected with the Minneapolis Associated Charities for several years. Her subject was Constructive Work in Families. All the nurses in the city, engaged in active work, have joined the new organization.

MINNESOTA

Minneapolis. The Hennepin County Registered Nurses' Association held its regular monthly meeting at headquarters, Hampshire Arms, on March 11. About fifty nurses were present. At the close of the business session Dr. Orianna McDaniel, chief of the Pasteur Department of the Minnesota State Board of Health, addressed the society on the subject of Anti-Typhoid Vaccination. The various modes of contracting typhoid fever were discussed with special reference to certain groups of people who are more than usually exposed, such as commercial travelers, pleasure seekers, members of army, engineering, lumber and mining camps, inmates of insane asylums and those exposed to typhoid "carriers." Especial attention was called to the high percentage of typhoid fever which occurs among hospital nurses. Statistics collected in Boston and Baltimore have shown that nurses in hospitals contract typhoid fever from eight to twenty times as frequently as the general population. The value of anti-typhoid vaccination was shown in citing the reduced number of cases that have occurred in those vaccinated as compared with the unvaccinated in hospitals, in army life and in epidemics. A detailed outline of one insane asylum was given in which over 1200 inmates were vaccinated owing to the fact that a large number of cases of typhoid fever occurred annually in this institution. During the following year but one case among the vaccinated occurred. In this case the patient was doubtless in the incubation stage since the disease developed before vaccination was completed. During the same period there were nine cases of typhoid fever among the unvaccinated. The success of anti-typhoid vaccination was so convincing in this institution that the nurses and employees asked to be vaccinated. The Minnesota State Board of Health furnishes anti-typhoid vaccine free to residents of the state.

INDIANA

The Indiana State Board of Nurse Examiners will hold an examination for the registration of nurses in Indianapolis May 20 and 21, 1914. For further

information and application blanks apply to Edna Humphrey, R.N., secretary, 221 West Main Street, Crawfordsville, Indiana.

Fort Wayne. Laura Logan, who has been superintendent of nurses at Hope Hospital for more than three years, has resigned and accepted a position in Cincinnati, Ohio. She will be succeeded by Elizabeth Springer, temporarily.

ILLINOIS

The Illinois State Board of Nurse Examiners will meet in Springfield, Illinois, July 14 and 15, 1914, for the purpose of conducting an examination. For information and application blanks address Anna L. Tittman, R.N., Secretary, State Capitol Building, Springfield, Ill.

Chicago. Upon March 25 and 26, 1914, two hundred and seventy-five nurses presented themselves for state registration. This examination was held in the County Building, and was almost entirely attended by Chicago nurses. About 28 per cent were pupil nurses within three months of completion of the required three year accredited course. Another third was qualified under the two-year waiver, which elapsed December 31, 1913, applications having been received before that date. There has been a total of seven hundred and nineteen nurses examined under the law approved last June.

Velora E. Randal, superintendent of nurses of the Rhodes Avenue Hospital, was appointed a member of the Board of Nurse Examiners by Governor Dunne February 26, 1914. This is the fourth appointment on the new board.

The St. Joseph's Hospital Alumnae Association, at its April meeting, elected Loretta Casey delegate to the Convention of the American Nurses' Association.

The Alumnae Association of the Illinois Training School for Nurses held its monthly meeting in March. The senior class was entertained at this meeting. The following papers were read: Our Alumnae Association, Helen W. Kelly, president; Illinois State Association of Graduate Nurses and the First District, Mrs. W. E. Beebe, secretary of the State Association and president of the First District; Central Registry, Lucy Last, registrar; The American Nurses' Association, Mary C. Wheeler, director; The American Journal of Nursing, Minnie H. Ahrens, secretary; American Red Cross Nursing Service and the Origin of the Red Cross Emblem, Ellen V. Robinson, chairman of Cook County Local Red Cross; The Nurses' Financial Obligations, Jessie Brown, member of Board of Managers, Illinois Training School for Nurses. After the reading of these papers, Dr. Rowena Morse Mann gave an illustrated lecture on the masterpieces of Michel Angelo, Donatello, Leonardo da Vinci, Raphael, Millet, Rembrandt and Rubens. Dr. Mann's interpretation of their beauty was very comprehensive and was enjoyed by everyone.

Miss Fitch, who has been in charge of the Margaret Lawrence sick rooms, has been called home and Susan Lane, graduate of the Hanover Hospital, New Hampshire, has been secured for the care of the pupil nurses. An original Japanese picture, done by a locally well-known Japanese artist, was presented to the sick rooms by Harriet St. John, class of 1903. Miss St. John obtained this picture in Yokohama, fifteen years ago. Harriet Sigsbee, 1903, has accepted a position at the Denver and Rio Grande Hospital, Salida, Colorado. Lulu Crumbhite, 1903, has accepted a position in Morenci, Arizona. Laura Huckleberry, 1913, recently accepted a position on the staff of school nurses.

Graduates of St. Luke's Hospital are holding the following positions. Alice Tough has recently been appointed superintendent of the Victorian Order district work in Toronto, Canada. Ellen Stewart is president of the Board of Nurse Examiners of Nebraska. Eva A. Mack is special teacher on the staff of five different hospitals in Chicago. Mary Forbes is head resident of Broad Plain Cottage, a settlement in the heart of Bristol, England. Marie Gaughran, Abbie Martin, Ellen Dewhurst, and Agnes Martin are all on the school nurses' staff in Chicago. Madeline Smith is doing school nursing at Saranac, New York. Elizabeth Franke is resident nurse at the Henry Street Settlement, New York City. Miss McLennan, Miss Elliot, Miss Scripture, and Miss McCallum are on the staff of school nurses in Toronto, Canada. Maud and Hetty Gooch are studying for playground work at Lincoln Center, Illinois. Jessie Keys has taken charge of Dr. Jones' Sanitarium in Minneapolis, Minnesota.

IOWA

The Iowa State Association of Registered Nurses will hold its eleventh annual convention in Boone, at the Elks' Club Rooms, June 25 and 26. Just preceding the meeting of the State association, the Iowa League of Nursing Education will hold its first annual meeting, on the afternoon of June 24 and the morning of June 25. A private duty nurses' session will be held on June 25, 11 a.m. to 12.

The first session of the State Association will be called to order on June 25, at 1.30 p.m., by the president, Martha Oakes, superintendent of St. Luke's Hospital, Davenport. The invocation will be given by Dr. George Crissman of the First Methodist Episcopal Church; the address of welcome by Dr. E. M. Myers of the Boone Medical Association and by John Jordan of the Commercial Club. Elizabeth Trotter, superintendent of the Ottumwa Hospital, will make the response. An address on Medical Jurisprudence will be given by T. J. Mahoney.

In the reports of standing committees there will be recommendations for amendments to the registration law, by the chairman of that committee, Emma C. Wilson, Des Moines. The chairman of the almshouse committee, Amy Beers, of Fairfield, will explain the County Hospital law, which was passed by the legislature of Iowa, in 1909. This law provides for tax of the people if desired by a majority vote of the residents of the county. Two of these hospitals are opened, one at Fairfield of which Miss Beers is superintendent, the other at Washington. This gives the county a modern well-equipped hospital for their pay patients as well as the sick poor. In the reports of societies, Clara Craine, superintendent of the Visiting Nurses' Association of Davenport, will tell of the organizing of a milk station in connection with their work and the weekly welfare meetings for mothers who bring their babies for inspection and receive instructive talks as to their hygienic care. Ann Jones, from the Des Moines Association, in the absence of Estelle Campbell, will report a new magazine, the first copy of which was published in March. This little magazine contains much news, not only of the work of the nurses in Iowa, but news notes of members. Estelle Campbell is editor-in-chief; Ann Jones, assistant editor; editorial staff: Emma Wilson, Nellie McCarthy, Adeline Giblin and Edith Robinson.

The Iowa State Convention of 1910 preceded the Atlantic City meeting of the American Nurses' Association and this year will follow the St. Louis meeting. The report of the convention last year will be given by Millicent Scheer,

Charles City. Miss Minnie Hansman, of Ottumwa, will report the St. Louis meeting.

Mabie Bentley, of the Home Economics Department of Ames College, will give a talk on Dietetics and Food Values during the last session. This, with unfinished business and election of officers, will close the business meetings.

The evenings are planned as follows: On June 24, at the First Methodist Episcopal Church, a Chicago lecturer, Mrs. Ella S. Stewart, subject, Call of the Twentieth Century to Woman. Mrs. Stewart is accompanied by Flora Dunlap, Mrs. Jessup Haines of Des Moines and others. These speakers will spend a week in motoring from place to place speaking in the interest of women. The time of their visit to Boone has been arranged to meet the nurses and it is hoped that the members of the Association will plan to arrive for this lecture. The second evening is to be devoted to a stereopticon lecture by Professor Pierce of the Extension Department of Social Welfare of the State University of Iowa. The subject of this lecture will be "Immigration" and will be given in the Virginia Theater. The Commercial Club is most enthusiastic in its desire to make the visit of the nurses to Boone a pleasant one.

Weather permitting, at the close of the last business session, automobiles will be provided for a ride in the country, returning to a picnic supper. The Commercial Club will also act as host later in the evening with a dance and social evening, which closes the convention.

Des Moines. The Registered Nurses' Association held a St. Patrick's Day party at the Iowa Methodist Hospital Nurses' Home on the afternoon of March 17. Sixty-one nurses responded to the invitations sent out and enjoyed themselves greatly. Among the guests was Miss Bidmead, formerly of New York, but now superintendent of nurses of the Iowa Methodist Hospital.

The Registered Nurses' Record for April is a Red Cross number. The cover has a picture of Estella Campbell, chairman of the state committee. A history of the Red Cross is given, and a sketch of First Aid work. News of interest is included in the publication.

MISSOURI

Kansas City. The Kansas City Graduate Nurses' Association met in regular monthly session at the club rooms, April 1. The attendance was good, notwithstanding the fact that the nurses were busy at this time of year. The regular routine business was transacted. Miss Lesh, president, was elected delegate to represent the Association at the national meeting in St. Louis. Sixteen nurses expressed their intention of attending the St. Louis meeting. A revised edition of the by-laws and central directory rules was submitted by the committee appointed nearly a year ago, to look into this business. The new rules and regulations were voted upon, section by section, and adopted as a whole by the Association. Plans were discussed for holding a doll's banquet to obtain money for furnishings for the club rooms. It was decided to have a banquet, the date to be fixed later. After adjournment, a pleasant social hour was spent and refreshments served. Miss Adkins, superintendent, and the alumnae of the Red Cross Hospital acted as hostesses.

Miss. G. H. Blake, who for the past year and a half has been registrar of the Central Directory, has resigned to accept a position with Miss Moore, superintendent of nurses, in State Hospital No. 3, Nevada, Missouri. The executive

board has been most fortunate in securing, as successor to Mrs. Blake, Mrs. Emma Sloan, graduate of the University Hospital. Mrs. Sloan, for the last six years, has been night superintendent of the Kansas City General Hospital. She is well known and much loved by the nurses of the city.

NORTH DAKOTA

Grand Forks. The North Dakota State Nurses' Association was accepted into affiliated membership with the North Dakota Federation of Women's Clubs, at the March meeting of the Executive Board. The vote was unanimous.

NEBRASKA

The Nebraska State Board of Nurse Examiners will hold examinations for registration on May 6 and 7, at the State House, Lincoln.

The Nebraska State Association of Graduate Nurses held its April meeting at Beatrice, April 7. At the business meeting in the afternoon considerable time was spent in discussion of the formation of a new bill for the next legislature. Dr. Hepperlin and Dr. Fall gave papers on "The Ideal Nurse" and "Some Problems Confronting the Nurses' Profession." The spirit of unity for advancement and higher standards seemed uniform and active. The Association was entertained at lunch in the evening by the Gage County Medical Society and permitted to enjoy their papers and discussions. The annual meeting will be held at Omaha in October.

The Red Cross State Committee voted $600 of the fund received from the sale of Red Cross seals to the Visiting Nurses' Association, Omaha, for prevention-of-tuberculosis work.

MONTANA

State Board Examination, August, 1913

Nursing Ethics. (1) What is your definition of the term professional ethics? (2) Would you nurse for a physician whom you knew was guilty of unprofessional conduct? If not, what reason would you give the physician and family for refusing? (3) What benefit do you derive from being allied to any nursing organization which has as its aim the elevation of standards of nursing? (4) Would you report any gross misconduct on the part of a nurse, whose name appeared on the same registry as your own? (5) If called to nurse in a hospital, either in special or general work, what would be your attitude to the nurses in training? (6) Would you consider yourself governed by the rules of the school? (7) If called on a private case to assist a nurse and you were preferred, what would you do? (8) What do you mean by loyalty to your physician?

Home Sanitation and Nursing. (1) Mention some places and things about a home especially important to keep clean, and how kept so. (2) What sanitary precautions would you use in nursing typhoid in a country home? (3) What is usually understood by the term "Contagious Diseases?" (4) Mention three symptoms of scarlet fever other than the rash, and describe them? (5) What are the special adverse symptoms to be watched for in diphtheria, and their significance? (6) Give some important particulars in the nursing of diphtheria and state why necessary? (7) What three complications in typhoid are indicated by an increase in the rate, and decrease in the strength, of pulse? (8)

What are the adverse symptoms and conditions to be watched for when nursing pneumonia? (9) What can you do to relieve a child in a severe paroxysm of coughing? (10) How often should the air in the room be entirely changed?

Anatomy. (1) (a) Give two uses of the vertebral column. (b) Number of bones it contains. (2) Name four distinct tissues of body. (3) Locate: diaphragm, deltoid, pectoral. (b) Name two kinds of muscle and give example of each. (4) Name the largest gland in the body and its function. (5) Define: elimination, efferent, atrophy, oedema, dyspnoea. (6) Name the special senses. (7) Give three uses of the skin. (8) From what parts does the inferior vena cava receive its blood supply. (9) Name divisions, in order, of alimentary canal. (10) Locate the following: pleura, peritoneum, pericardium, periosteum.

Physiology. (1). Name the digestive juices. (2) How is the food forced through the alimentary canal? (3) (a) What is the specific gravity of normal urine? (b) Normal amount excreted in twenty-four hours? (4) What is the function of the red blood corpuscles? (5) Describe a ball and socket joint? What is the use of the synovial fluid? (6) What is the capacity of the stomach? (7) Name bones of the arm? (8) How many bones in the skull? (9) (a) What is the state of contraction of the heart called? (b) What is the state of dilatation called? (10) Define: capillary.

Gynecology. (1) Define gynecology. (2) Name organs contained in pelvic cavity (female). (3) Name several reasons for giving vaginal douche. (4) What are the important points to be observed in giving douche? (5) What are the usual methods pursued for the examination of a patient suffering from gynecological disease? (6) What preparation of patient is necessary for such examination? (7) Define trachelorrhaphy, salpingitis, ovariotomy, curettage. (8) What would you do in case of hemorrhage from the uterus? (9) Define menstruation, puberty and menopause. (10) Define menorrhagia, amenorrhea and dysmenorrhea.

Surgical Nursing. (1) What unfavorable symptoms would you watch for following an operation? (2) What would you do for a patient suffering from extreme shock following an operation? (3) What are the symptoms of fracture of the limb? (4) What may a nurse do for a compound fracture before the arrival of the surgeon? (5) What are the purposes of putting a patient in Fowler's position? (6) Describe best method of placing patient in Fowler's position. (7) In the case of a severe burn, what precaution would you use in removing the clothing? (8) What is hypodermoclysis? How would you arrange where no regular apparatus was to be had? (9) How are wounds infected? (10) Name four points to be remembered when placing patient on operating table.

Materia Medica. (1) What is the dose of tr. digitalis; strychn. sulph.; morph. sulph.; atropine sulph. (2) (a) How should the skin be prepared before applying cantharides blister? (b) How large a blister would you apply? (3) How much bichloride of mercury would you use to make oz. ss of 1-2000 solution? (4) Translate following: 1000 cc. to pts.; 30 cc. to oz.; 0.002 gram to grain. (5) Give apothecaries fluid measure and designate by symbols. (6) Define: narcotic, diaphoretic, antipyretic, sedative. (7) How would you prepare and give a hypodermic of strychn. sulph. gr. 1/30 from tablets of gr. 1/15. Atropine 1/150 from tablets of gr. 1/100. (8) (a) Name two preparations of iron. (b) What is the physiological action of iron? (c) When should iron be given, a.c. or p.c.? Why? (9) Name principal drug in the following preparations: Fowler's solution, laudanum, Basham's mixture, blue ointment, Dover's powder. (10) Name four ways of administering drugs.

Obstetrical Nursing. (Rating on 5 out of 7 questions. First two questions must be answered, and any three out of remaining five.) (1) For obstetric case in private home describe briefly preparation of: (a) patient. (b) bed. (c) room. What would you have in readiness for doctor, patient and child? (2) (a) What are the symptoms of post-partum hemorrhage? (b) Give the means you would employ to control such hemorrhage until arrival of doctor? (3) What care would you give a child during its first twenty-four hours of life? (4) (a) When in charge of an obstetric patient at what stage do you consider it necessary to practice strict asepsis and antisepsis? (b) Which do you consider an obstetric case, medical or surgical? Giving reasons. (c) Under what circumstances would you feel justified in refusing an obstetric case? (5) (a) What expedients would you try to help a patient urinate and thus avoid use of catheter? (b) Give method of catheterization? (6) Define primipara, puerperal fever, parturition, lochia and colostrum? (7) (a) What is pregnancy? (b) Give a rule to determine its probable duration? (c) What organ do you consider requires careful watching during pregnancy?

Diseases of Children. (Rating on 5 out of 7 questions.) (1) What are the common complications of scarlet fever and of measles? Give nursing care of a case of scarlet fever? (2) (a) What is rickets? (b) What care should a child suffering from rickets receive? (3) How would you treat a child in convulsions until physician arrived? (4) How would you secure a specimen of urine of a patient under a year old? (5) Give care of intubation case? (6) How would you give child five years old a nasal irrigation, an enema, and a cold pack? (7) (a) Give rule for determining dosage for a child? (b) What drugs are not well borne by children?

WASHINGTON

The Washington State Board of Examiners of Nurses will hold the next meeting for state registration on June 1 and 2, in Tacoma, and in Spokane on the same dates. Applications should be secured at once, as they must be filed with the secretary before May 25. Secretary, Anna T. Phillips, 311 South Fourth Street, Tacoma, Washington.

Tacoma. The Graduate Nurses Association of Pierce County held its regular monthly meeting on April 6, in the tea room of the Tacoma Hotel, with a good attendance of members. Roll-call was followed by the reading of the minutes and the treasurer's report. Three applications for membership were accepted by the trustees. A letter was read from Miss Adams in regard to two unfurnished rooms which she would like to rent to nurses. Attention was called to the financial help which the Association is expected to give toward expenses covering the arrangements for and the entertainment of the great international and national meetings of graduate nurses in San Francisco, in 1915. It will be a pleasure to this Association to do all in its power. It is hoped that all members attending the regular meeting on May 4, will come prepared to state whether they will attend the annual state meeting to be held in Spokane on June 3 and 4, when those who are to act as delegates will receive their appointments. A communication from the Trustees was read, recommending an amendment in regard to the reinstatement of members who have been dropped on account of non-payment of dues. This recommendation will be voted on at the May meeting. Mrs. E. B. Cummings read an interesting report from the president's council, much of it being concerned with protective work for girls. She said, in part,

that there is a great need of a parental school for girls where they will receive training in domestic science and be given a common school education. Such a school would be for girls who had not reached the stage where they have to be placed in the state training school for delinquents. Miss Fletcher also reported some interesting facts about this line of work. Adjournment was followed by a social hour.

CALIFORNIA

The California Bureau of Registration of Nurses is doing admirable work in examination and registration of nurses and in inspection of hospitals and training schools. Registration is now being carried on under the waiver as the law does not become fully effective until July 1, 1914. In the meantime, the director is writing to every hospital in the state, inquiring if it has a training school in connection, and sending a copy of the law. Seventy-four schools located in the state are recorded in the office. The response has been very general. After sending a copy of the law, data concerning the instruction therein is requested of the institution. Thus the Bureau gets in touch with every school before sending the requirements for registration. Every school will be visited and reports of each submitted to the Board. Wherever living conditions of the students are below the average, the State Sanitary Inspector is sent to investigate and to report to the Board as to the amount of air space, toilet and bathroom facilities and general cleanliness. Recommendations for the improvement of these conditions are then sent to the hospital.

Up to the present time, over four thousand nurses have applied for registration, indicating that there are at least that number in California.

As yet, the Bureau has not entered into correspondence with other states in regard to reciprocity. This will be done in a short time. It is hoped that reciprocity relations may be established with all the states. Very gracious notices from nursing organizations in foreign countries are being received and reciprocal relations with these countries where registration is in force, are anticipated.

CANADA

Winnipeg. The Nursing Alumnae Journal, published quarterly by the Alumnae Association of the Winnipeg General Hospital, is received and contains the following articles: Florence Nightingale, by Miss E. Parker; Care of a Diabetic Patient, Miss L. Novecombe; Nursing a Maternity Case, Mrs. Langille; Apropos Registration, Miss K. A. Cotter; At Home in Bonnie Scotland, Mrs. Morrison; Alumnae Notes, Miss J. McClung; also news items of interest.

The Alumnae Association of the hospital entertained the graduating class on February 25. The entertainment took the form of a banquet followed by a musical program, held in the banquet hall of the Fort Garry Hotel.

Evelyn Ashton, class of 1907, is at present in charge of the Isolation Hospital at Regina. Inga Johnson, class of 1907, has resigned her position as assistant lady superintendent of the Winnipeg General Hospital, a position which she has efficiently filled for the last four years. Miss Johnson takes charge of the Social Service Department. Mabel Gray, class of 1907, is appointed assistant superintendent in her place. Elizabeth Findlay, class of 1913, has accepted the position of instructress of nurses at the Hospital. Ethel Gilroy has resigned her position in the Social Service Department and is at present at her home in the city.

BIRTHS

On December 22, a daughter, Mildred, to Mr. and Mrs. George Bastian. Mrs. Bastian was Katherine Morris, graduate of St. Joseph's Hospital, Chicago.

On March 8, at Baltimore, Maryland, a son to Dr. and Mrs. S. L. Nicholson. Mrs. Nicholson was Carter Peyton, class of 1908, St. Luke's Hospital, Richmond, Virginia.

On February 22, at North Battleford, Saskatchewan, to Dr. and Mrs. Panton, a son. Mrs. Panton was Helen Beresford, class of 1908, Winnipeg General Hospital, Winnipeg, Canada.

In January, at Kamloops, British Columbia, a daughter, to Mr. and Mrs. A. R. Burns. Mrs. Burns was Isabel Stewart, class of 1910, Winnipeg General Hospital, Winnipeg, Canada.

On January 23, at San Dimas, California, a son, Herbert M., to Mr. and Mrs. H. Foster. Mrs. Foster was Florence Rutter, class of 1903, Proctor Hospital, Peoria, Illinois.

On January 23, at Greenfield, Indianapolis, Indiana, a daughter to Mr. and Mrs. Ray Townsend. Mrs. Townsend was Florence De Witt, class of 1910, Hope Hospital, Fort Wayne, Indiana.

On March 9, at Fort Wayne, Indiana, a son to Mr. and Mrs. G. Hatch. Mrs. Hatch was Bessie Chapman, class of 1912, Fort Wayne Lutheran Hospital.

At Los Angeles, California, a son, Trever Lewis, to Mr. and Mrs. Trever Thomas. Mrs. Thomas was Myra Eva Hummel, class of 1903, Protestant Episcopal Hospital in Philadelphia.

MARRIAGES

On February 19, in Sykesville, Maryland, Frances Woodbridge Sprecher, class of 1911, University of Maryland Hospital, to Ethelbert Walton Smith. Mr. and Mrs. Smith will live in Wilmington, Delaware.

On March 25, at the rectory of St. Mary's Episcopal Church, East Providence, Rhode Island, Betsey Kilroy, class of 1901, Rhode Island Hospital, to George H. Newhall. After a trip to Europe Mr. and Mrs. Newhall will live in Providence.

On April 4, at Providence, Rhode Island, Grace May Merritt, class of 1903, New London Memorial Hospital, and class of 1907, Providence Lying-in Hospital, to Robert Hunter Ferguson. Mr. and Mrs. Ferguson will live in Providence.

On April 1, at Tampa, Florida, Elsie Gustavson, class of 1912, Altoona Hospital, to Emmett L. Foley. Mr. and Mrs. Foley will live at Tampa, Florida.

On April 8, in Washington, D. C., Ina Lee Neff, recently of the Army Nurse Corps, to John Alexander Clark, Captain in the Medical Corps, U. S. A.

On March 29, at Spencer, New York, Josephine Parry, class of 1901, John C. Proctor Hospital, Peoria, Illinois, to Henry B. Crippen. Mr. and Mrs. Crippen will live in Van Etten, New York.

On April 4, at Cincinnati, Ohio, Rebecca Myers, graduate of the Jewish Hospital School for Nurses, to Frank P. Zerfass, M.D.

On December 9, at Washington, D. C., Clara Bell Jones Rodgers class of 1912, Elkins City Hospital, Elkins, West Virginia, to Ward Harshbarger, M.D. Dr. and Mrs. Harshbarger will live at Weyers Cave, Virginia.

On April 1, at Clarinda, Iowa, Grace B. Nelson, class of 1911, Wise Memorial Hospital, Omaha, Nebraska, to Clyde H. Walker. Mr. and Mrs. Walker will live in Clarinda.

On February 28, at Winside, Nebraska, Elizabeth C. Nachtigall, class of 1912, Wise Memorial Hospital, Omaha, Nebraska, to Claude Emsley. Mr. and Mrs. Emsley will live in Wisner, Nebraska.

On February 1, at Jackson Port, Wisconsin, Ella Graff, class of 1910, Fort Wayne Lutheran Hospital, to Claude Martin. Mr. and Mrs. Martin will live at Egg Harbor, Wisconsin.

On April 8, at Shady Grove, Pennsylvania, Edith Mae Hennebergar, class of 1908, Protestant Episcopal Hospital in Philadelphia, to Lewis James Mutchler. Mr. and Mrs. Mutchler will live in Chester, Montana.

DEATHS

On February 29, at the York Hospital, York, Pennsylvania, Edna Gorlen, a pupil-nurse in the training school, from an attack of typhoid fever. She was an apt pupil while in training, and she already had gained for herself an admirable record and was looked upon as among the most efficient and dutiful in her class. She was endeared to patients and classmates by her kindness and self-sacrifice. During her illness, everything possible was done for her by doctors and nurses, and after four weeks' suffering she passed away. She was dressed in her school uniform for burial. Six of her classmates, also dressed in their uniforms, acted as pall bearers. Burial was at Columbia, in Mt. Bethel Cemetery.

On January 21, at Winnipeg, Canada, Mrs. Dr. Irwin, after a short illness. Mrs. Irwin was Elizabeth McIntosh, class of 1894, Winnipeg General Hospital.

Late in March, at Centreville, Maryland, after a lingering illness, Miss M. E. Goldsborough, class of 1897, University of Maryland Training School. Miss Goldsborough will be much missed by her friends and the alumnae.

On January 28, in Philadelphia, Mrs. John F. Rathgben. Mrs. Rathgben was Frances B. Atlee, class of 1902. Methodist Episcopal Hospital, Philadelphia.

On March 28, at her home in Peoria, Illinois, Grace West, class of 1903, John C. Proctor Hospital, after a few days' illness with pneumonia. Since graduating Miss West has done private duty nursing. She was an only daughter, and her death is peculiarly sad following, as it did, only three days later, that of her mother of the same disease. She was deeply interested in all matters pertaining to nursing and at the time of her death was president of her alumnae association. She will be greatly missed by the Peoria nurses and by a host of friends.

The members of the Proctor Hospital Alumnae Association deeply regret the death of Oliver J. Bailey, for twenty-two years president of the Hospital Board. Mr. Bailey was an efficient counsellor and friend to the nurses and gave freely of his time and talents for the larger and better growth of the institution.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

DIET LISTS OF THE PRESBYTERIAN HOSPITAL, NEW YORK CITY. Compiled, with Notes, by Herbert S. Carter, A.M., M.D., Consulting Physician to the Lincoln Hospital, Associate in Medicine, at Columbia University, and Assistant Visiting Physician to the Presbyterian Hospital, New York City. Price $1.00. W. B. Saunders Company, Philadelphia and London.

This book, considering that it consists largely of diet lists, contains much that is of immense practical value to nurses and others. The ever-increasing tendency to make use of the therapeutic effects of food make it an absolute necessity for the medical nurse to keep her teaching in dietetics well in mind, and to correct any faults of memory by some such handy and accurate book as Dr. Carter's. The quantity and character of food necessary for the normal are included, as well as for the sick. For the latter, there are found typhoid diets; salt-poor diets; purin free diets; gastric diets; diabetic diets; anti-constipation diets; low calcium diet; obesity diet and Schmidt's intestinal test diet. To each of these are appended comments and notes. In some cases, as in Lenhartz's diet, which extends over fourteen days, and the entire success of which depends on the accuracy with which every part of it is carried out, there is no room left for the most stupid to blunder. The nourishment for the first day consists of two eggs and three and one-third ounces of milk, these are divided into thirteen feedings one, every hour. "As eggs differ in size and weight, take the total of the eggs for the day of diet; beat, measure and divide into seven feedings and put into medicine glasses. Keep on ice and use as directed, alternating with milk. "Milk, iced kept in bowl of ice. Patients never allowed to feed themselves. Slow feeding essential, etc."

English teaching of this kind is always welcome, and is never translated. The book contains many valuable receipts; the one for "Wright's diabetic milk," is new to the reviewer and will probably be new to many readers. With the receipt, it can be made wherever necessary, the chemical ingredients being obtainable at the ordinary drug store.

LECTURES ON TUBERCULOSIS TO NURSES. By Oliver Bruce, M.R.C.S., L.R.C.P., Joint Tuberculosis Officer, County of Essex. Late Medical Superintendent Queen Alexandra Sanatorium, London, Canada. Late House Physician Brompton Hospital for Consumption and Diseases of the Chest. Price $1.00. Published Paul B. Hoeber, 69 East 59th Street, New York.

The author makes a special plea to nurses upon whom, he says, "it devolves in a very large degree to educate the people as to the methods of life which are best calculated to prevent the spread of infection from one individual to another, and as to the best means of raising the personal resistance against disease." Preventive work is reckoned as the only successful means of dealing with the problem. No doubt every thing that this little book has to say has been said before, but when we consider that the disease is as old as the human race and that it has come to be regarded as the most dreaded of all the enemies of humanity, we feel that these same things need more and more to be repeated to every class and community of people who can be induced to listen. No one can read the present work without gleaning many valuable hints both for the care of the victims of tuberculosis, and for the safeguarding of those who may be exposed by heredity or by conditions of life to the disease.

PATHOLOGY, GENERAL AND SPECIAL. A Manual for Students and Practitioners. By John Stenhouse, M.D., B.S.C. (Edin.), M.B. (Toronto), formerly demonstrator of Pathology, University of Toronto, Canada. Second edition, revised and enlarged, including selected list of State Board Examination Questions, 12 mo., 278 pages illustrated. Price $1.00 net. Lea and Febiger, Publishers, Philadelphia and New York.

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It makes no claim to add to the facts which are the common property of science, but it is hoped that the presentation of the principles of the subject with sufficient concrete illustration, will render further research more profitable.

Each chapter is reviewed at its end by searching questions, and the appendix gives a list of questions taken from the State Board of Examination, with special index for locating information relating to the subject.

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